



Canine Surrender Profile

Current Owner Details *(Please Print Clearly)*

First Name: _____ Last Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Why are you surrendering your dog?

- Dog Behavior
- Dog Health
- Personal (Not related to the dog)

Dog's Name: _____ Age: _____ Years _____ Months _____ Unknown

Gender:

Is your dog neutered or spayed?

- Male
- Female
- Unknown

- Yes
- No
- Unknown

Breed:

_____ Boxer _____

How old was your dog when you got it? _____ weeks, months, years, unknown

How long have you had your dog? _____ days, weeks, months, years

Where did you get your pet?

- | | |
|----------------------------------|---|
| <input type="checkbox"/> HAWS | <input type="checkbox"/> Other Humane Society |
| <input type="checkbox"/> Breeder | <input type="checkbox"/> Pet Store |
| <input type="checkbox"/> Rescue | <input type="checkbox"/> Other _____ |

Specify the name of the breeder, shelter or rescue you got your dog: _____

For Shelter Use Only: ACCOUNT # _____ TAG # _____

Health

1. Has your dog had any health concerns in the past?
 - Yes
 - No **(Skip to #8)**
 - Unknown **(Skip to #8)**
2. Has your dog's health concerns been diagnosed by a Veterinarian?
 - No
 - Yes
3. Please give us the name(s) of the Veterinary Clinic that diagnosed/treated the health problem:

4. If there is a health concern, please circle all the conditions that apply:

Dental treatment	Cherry eye	Perineal urethrostomy
Fatty tumor	Eyelid entropion	Vulvoplasty
Mammary tumor	Blockages/obstruction	Hip dysplasia
Giardia	Urinary blockages	Cancer/Leukemia
Diarrhea	Broken limbs	Kidney failure
UTI	Pyometra	Liver failure
Kennel cough	Pregnancy	Heart failure
Ear/eye infections	Ringworm	Diabetes
Controlled thyroid condition	Chronic ear conditions	Distemper
Controlled allergies	Chronic skin condition, Chronic kidney condition	Leptospirosis
Mats in hair	Chronic liver condition	Rabies
	Chronic heart condition	Blastomycosis
	Prolapsed rectum	Incontinence
	Heartworm	
	Parvo	
	Bladder stones	
	Orthopedic concerns	
	Seizures	
	Pu/Pd	
	Asthma	
	Heart Murmur	

If the condition isn't listed above, what is the condition:

5. When did the health concern start?

6. Have the health concerns been resolved?

- Yes
- No
- Unknown

7. Are the health concerns currently being treated?

- Yes
- No

a. If yes, please name the Veterinary Clinic who is treating your dog: _____

8. Is the dog currently taking medication including (heartworm or flea tick)?

- Yes
- No
- Unknown

a. If yes, please name the medications:

For Shelter Use Only: Pathway A, B, or C: _____

Section A

1. Has your dog tried to bite/lunge at a person?

- Yes
- No (**Skip to Section B**)

i. If Yes, did the bite make contact with the person?

- Yes
- No (**Skip to Section B**)

ii. If the bite left a mark, what was the mark like:

- | | |
|--|---|
| <input type="checkbox"/> Did not leave a mark | body part being pulled away or dog being pulled off the person |
| <input type="checkbox"/> Indent that went away but did not bruise | |
| <input type="checkbox"/> Indent that went away and bruised | <input type="checkbox"/> Multiple tooth punctures where dog bite and then immediately let go |
| <input type="checkbox"/> Scraped skin left mark but mark went away | |
| <input type="checkbox"/> Scraped skin left mark (did not bleed) | <input type="checkbox"/> Multiple tooth punctures where dog held on to the person with bruising (may have shaken body part) |
| <input type="checkbox"/> Deeper scrape that also bled | |
| <input type="checkbox"/> Multiple tooth punctures caused by | |

Multiple tooth punctures in multiple places on the person's body

ii. Please explain what happened before the incident(s) occurred:

ii. How often does your dog try to bite/lunge at people?

- | | |
|--|---|
| <input type="checkbox"/> 1-2/day | <input type="checkbox"/> More than 1-2/week |
| <input type="checkbox"/> More than 2 times/day | <input type="checkbox"/> 1-2 month |
| <input type="checkbox"/> 1-2 week | <input type="checkbox"/> Every few months |
| | <input type="checkbox"/> Only in certain situations |

b. What situations does your dog try to bite/lunge at people?

c. What have you done to prevent your dog from trying to bite/lunge at people?

Section B

1. Has your dog tried to bite/lunge at another dog?

- Yes
- No (**Skip to Section C**)
- a. If Yes, did the bite make contact with the dog?
- Yes
- No (**Skip to Section C**)
- Unknown (**Skip to c**)

b. If the bite left a mark, what was the mark like:

- | | |
|--|---|
| <input type="checkbox"/> Indent that went away but did not bruise | <input type="checkbox"/> Multiple tooth punctures caused by body part being pulled away or dog being pulled off the other dog |
| <input type="checkbox"/> Indent that went away and bruised | <input type="checkbox"/> Multiple tooth punctures where dog bit and then immediately let go |
| <input type="checkbox"/> Scraped skin left mark but mark went away | <input type="checkbox"/> Multiple tooth punctures where dog held on to the dog (may have shaken the dog) |
| <input type="checkbox"/> Scraped skin left mark (did not bleed) | |
| <input type="checkbox"/> Deeper scrape that also bled | |

Multiple tooth punctures in multiple places on the dog's body

The dog did not survive the attack

c. Please explain what happened before the incident(s) occurred:

d. How often does your dog try to bite/lunge at other dogs?

1-2/day
 More than 2 times/day
 1-2 week
 More than 1-2/week

1-2 month
 Every few months
 Only in certain situations

e. What situations does your dog try to bite/lunge at other dogs?

f. What have you done to prevent your dog from trying to bite/lunge at dogs?

For Shelter Use Only: Pathway A, B, or C: _____

Section C

1. What formal training has the dog had? Check all answers that apply.

- Puppy Class (Training Facility: _____)
- Basic Manners or Obedience Class (Training Facility: _____)
- Private Behavior Counseling (Training Facility & Trainer: _____)
- Other _____
- None (**Skip to Section D**)

2. What was the reason for seeking training?

- Socialization
- Basic Manner or Obedience

Behavior Concern Other _____

i. If you sought training for a Behavior Concern, what was the concerning behavior? **Check all that apply**

- | | |
|---|--|
| <input type="checkbox"/> Dog Reactivity | <input type="checkbox"/> Excessive barking |
| <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> Pulling on Leash |
| <input type="checkbox"/> Potty Training/Marking | <input type="checkbox"/> Resource Guarding |
| <input type="checkbox"/> Fearful of strangers | <input type="checkbox"/> Growling/Biting |

ii. How long did you participate in training for the behaviors checked off above?

iii. Did the training help?

- Yes
 No

Section D

1. Does your dog guard or protect anything?

Yes

No (**Skip to Section E**)

a. If yes, check all the items your dog guards:

- | | |
|--|--|
| <input type="checkbox"/> Food Bowl | <input type="checkbox"/> Other dog or animals |
| <input type="checkbox"/> Furniture/Bedding | <input type="checkbox"/> Space (kitchen/living room/bedroom/etc) |
| <input type="checkbox"/> Toys | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chews | |
| <input type="checkbox"/> People | |

b. When did your dog start resource guarding the objects:

c. When does your dog resource guard? Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> When eating out of bowl | <input type="checkbox"/> When dog is laying on furniture |
| <input type="checkbox"/> When eating bones or rawhides | <input type="checkbox"/> While playing with toys |
| <input type="checkbox"/> Items on the ground | <input type="checkbox"/> Resting with toy |
| <input type="checkbox"/> Items on the counter | <input type="checkbox"/> Guards person when other dog is near |
| <input type="checkbox"/> When you are on furniture | <input type="checkbox"/> Guards person when other people interact |
| <input type="checkbox"/> When someone else is on furniture | <input type="checkbox"/> Guards person when laying next to |
| | <input type="checkbox"/> Guards person on walks |

d. My dog guards objects from the following: **Check all that apply**

- People
- Dogs
- Cats
- Other: _____

e. When guarding objects my dogs displays the following: **Check all that apply**

- Interacts with the object but is stiff
- Eats faster
- Tries to finish object before you can take it
- Moves away with item
- Stands over item
- Freezes
- Growls
- Lip curls
- Shows teeth
- Will snap or attempt to bite
- Returns to object after snapping
- Does not warn but will bite near the object
- Other: _____

f. If you have treats or another high value item will your dog trade?

- Yes
- No

g. Has your dog injured another animal or person due to resource guarding?

- Yes
- No (**Skip to h**)

a. If yes, please describe incident and the injuries

h. What have you done to prevent your dog from resource guarding ?

For Shelter Use Only: Pathway A, B, or C: _____

Section E

1. Can your dog be left home alone?

- Yes
- No

2. How long do you leave your dog home alone?

- Less than 1hr
- 1-4 hrs
- 4-8 hrs
- 8-12 hrs

- More than 12 hrs
3. How often do you leave your dog home alone?
- Never A few times a week
- Daily Occasionally
4. Do you leave your dog out in the house with no restrictions?
- Yes
- No
5. Have you crated or confined your dog to a smaller area when you leave?
- Yes
- No
6. Can your dog be confined to a room or crate when they are left alone?
- Yes
- No
7. Do you have to leave your dog with a dog sitter or at a daycare when you leave?
- Yes
- No
8. When I am getting ready to leave my dog will:
- Follow me from room to room
- Follow me from room to room, while whining or barking
- Pacing
- Reluctant to go into a room or crate when I am ready to leave (will go in with no issues when we are home)
- Other _____
- None of the above
9. While I am gone my dog will:
- Grab items they are not supposed to have
- Grab items they are not supposed to have and destroy them
- Not eat from any food/treats that have been left out
- Chew on furniture
- Knock things over near exits/window
- Destroy windows and/or doorways
- Chew the walls/moldings/curtains
- Scratch doors/window sills/glass
- Try to break through
- Bark/Whine and then stop
- Bark/Whine the entire time I am gone
- Chews on their crate but has not escaped
- Has gotten out of a room or crate
- Injuring themselves when trying to escape
- Urinate/Defecate
- Shaking
- Self Harm (Excessive Licking, chewing at paws or tail)
- Other _____
- None of the above

10. When I return home my dog is:

- | | |
|--|--|
| <input type="checkbox"/> Following me | <input type="checkbox"/> Drooling |
| <input type="checkbox"/> Whining/barking | <input type="checkbox"/> Injured |
| <input type="checkbox"/> Jumping on me | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Panting | <input type="checkbox"/> None of the above |

For Shelter Use Only: Pathway A, B, or C: _____

Section F

1. Is your dog CURRENTLY prescribed an anti-anxiety medication?

- Yes
 No

Medication Name: _____

2. Has your Veterinarian/Trainer recommended your dog be given anti-anxiety medication?

- Yes
 No

3. Has your dog been prescribed an anti-anxiety medication PREVIOUSLY?

- Yes
 No (**Skip to #5**)

Medication Name: _____

4. What situations does your dog need anti-anxiety medication for?

5. Have you tried any additional products to help relieve anxiety?

- Yes
 No (**Skip to #6**)

a. If yes, what products have you tried and what was the effect:

b. Did the additional products help?

- Yes
 No

6. What is your dog afraid of?

- Car rides Cars or trucks driving by

- | | |
|---|---|
| <input type="checkbox"/> Loud or sudden noises | <input type="checkbox"/> Strangers |
| <input type="checkbox"/> Thunderstorms | <input type="checkbox"/> Men |
| <input type="checkbox"/> Vet visits | <input type="checkbox"/> Women |
| <input type="checkbox"/> Care procedures (nail trims, ear cleaning, etc.) | <input type="checkbox"/> Children |
| <input type="checkbox"/> Vacuum cleaners | <input type="checkbox"/> Other dogs |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Cats |
| <input type="checkbox"/> New Environments | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Nothing (Skip to Section G) |

7. What behaviors does your dog display when they are afraid:

- | | |
|--|--|
| <input type="checkbox"/> Trying to get away | <input type="checkbox"/> Tail tucked |
| <input type="checkbox"/> Constantly scanning the environment | <input type="checkbox"/> Barking |
| <input type="checkbox"/> Pulling towards | <input type="checkbox"/> Lunging |
| <input type="checkbox"/> Pulling away | <input type="checkbox"/> Growling |
| <input type="checkbox"/> Yawning | <input type="checkbox"/> Won't take food/treats |
| <input type="checkbox"/> Lip Licking | <input type="checkbox"/> Hair on back stands up |
| <input type="checkbox"/> Panting | <input type="checkbox"/> Showing teeth |
| <input type="checkbox"/> Whining | <input type="checkbox"/> Snapping/attempting to bite |
| <input type="checkbox"/> Body stiffens | <input type="checkbox"/> Biting |
| <input type="checkbox"/> Mouth tightly closed | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Crouched body position | |

8. WHERE does the dog display these behaviors:

- | | |
|--|--|
| <input type="checkbox"/> At home | <input type="checkbox"/> In a car |
| <input type="checkbox"/> Out on a walk | <input type="checkbox"/> In new environment |
| <input type="checkbox"/> Vet visit | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> In our yard | <input type="checkbox"/> Have not made any adjustments |
| <input type="checkbox"/> Public places | |
| <input type="checkbox"/> Trails | |

9. When did you first notice the fear/anxiety start?

10. How frequently are you noticing these behaviors?

11. Has the behavior...

- Gotten worse/more intense over time
- Gotten better/improved over time
- Stayed the same

12. Have you made any of the following adjustments to help manage the behavior?

- | | |
|--|--|
| <input type="checkbox"/> Not taking the dog into public places | <input type="checkbox"/> Crating/confining to another room when someone new comes over |
| <input type="checkbox"/> Not taking the dog on walks | <input type="checkbox"/> Using treats to distract |
| <input type="checkbox"/> Walking only during odd hours/avoiding fear | <input type="checkbox"/> Leash or tether |
| <input type="checkbox"/> Window film/Curtains to block visual access | <input type="checkbox"/> Muzzling |
| <input type="checkbox"/> Playing music/tv | <input type="checkbox"/> Restraint |
| | <input type="checkbox"/> Medicating in expectation of the fear |

13. What else have you done to manage the behavior?

For Shelter Use Only: Pathway A, B, or C:

Section G

1. What is your dog's reaction to strangers entering or in the home?

- | | |
|---|--|
| <input type="checkbox"/> Friendly, seeks attention | <input type="checkbox"/> Backs away, then warms up quickly |
| <input type="checkbox"/> Overly excited, jumps on them or licks their face | <input type="checkbox"/> Backs away, may growl if they come near |
| <input type="checkbox"/> mounts or humps them | <input type="checkbox"/> Stiffens and faces the stranger |
| <input type="checkbox"/> Ignores them | <input type="checkbox"/> Growling |
| <input type="checkbox"/> Hides, does not greet | <input type="checkbox"/> Charges at the stranger |
| <input type="checkbox"/> Barks initially and then stops | <input type="checkbox"/> Snaps |
| <input type="checkbox"/> Barks excessively and won't stop until the stranger leaves | <input type="checkbox"/> Bites |
| <input type="checkbox"/> Will growl or bark when the stranger stands up or moves | <input type="checkbox"/> Other _____ |

2. What is your dog's reaction to strangers outside the home?

- | | |
|---|--|
| <input type="checkbox"/> Friendly, seeks attention | <input type="checkbox"/> Will growl or bark when the stranger stands up or moves |
| <input type="checkbox"/> Overly excited, jumps on them or licks their face | <input type="checkbox"/> Backs away, then warms up quickly |
| <input type="checkbox"/> mounts or humps them | <input type="checkbox"/> Backs away, may growl if they come near |
| <input type="checkbox"/> Ignores them | <input type="checkbox"/> Stiffens and faces the stranger |
| <input type="checkbox"/> Hides, does not greet | <input type="checkbox"/> Growls |
| <input type="checkbox"/> Barks initially and then stops | <input type="checkbox"/> Charges at the stranger |
| <input type="checkbox"/> Barks excessively and won't stop until the stranger leaves | <input type="checkbox"/> Snaps |

Bites

Other _____

3. Does your dog get along with the human members of the household?

Yes (**Skip to #4**)

No

c If No, please describe who it is that they do not get along with:

c When the above family member(s) don't get along describe the context:

c What behaviors does the dog do in response to the above family member(s)?

4. How does your dog behave during a typical vet visit?

Trying to get away

Constantly scanning the environment

Hiding

Whining

Stiffens body

Mouth tightly closed

Crouched body position

Tail tucked

Barking

Lunging

Growling

Won't take food/treats

Requires muzzle

Requires restraint

Hair on back stands up

Showing teeth

Snapping/attempting to bite

Biting

Requires sedation

Vet/Techs were unable to handle

None of these

5. Is there anywhere that the dog does not like to be touched?

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Can touch them anywhere (Skip to Section H) | <input type="checkbox"/> Tail |
| <input type="checkbox"/> Head | <input type="checkbox"/> Back legs |
| <input type="checkbox"/> Feet/nails | <input type="checkbox"/> Front legs |
| <input type="checkbox"/> Underbelly | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Ears | <input type="checkbox"/> Back |
| <input type="checkbox"/> Mouth | <input type="checkbox"/> Rear end |

6. What is the dog's reaction when they are touched by someone in the above areas?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Moves away | <input type="checkbox"/> Snapping/attempting to bite |
| <input type="checkbox"/> Stiffens | <input type="checkbox"/> Puts mouth on person |
| <input type="checkbox"/> Growls | <input type="checkbox"/> Bites |
| <input type="checkbox"/> Shows teeth | <input type="checkbox"/> Unable to touch |

For Shelter Use Only: Pathway A, B, or C: _____

Section H

1. How does your dog react when seeing another dog?

- | | |
|---|--|
| <input type="checkbox"/> Focus is on other dog, can get dog's attention, will take food | <input type="checkbox"/> Will fight through fence |
| <input type="checkbox"/> Ears forward, mouth closed, tail flagged | <input type="checkbox"/> Rushes towards the other dog, lunging |
| <input type="checkbox"/> Vocalization (whining, barking) | <input type="checkbox"/> Flips around on leash |
| <input type="checkbox"/> Loses interest in food | <input type="checkbox"/> Snarling, growling, barking |
| <input type="checkbox"/> Still or rigid, intense direct gaze | <input type="checkbox"/> When close will snap |
| <input type="checkbox"/> Fur stands up on back | <input type="checkbox"/> When close will bite |
| <input type="checkbox"/> Will not look away unless dog is out of sight | |

7. Does your dog live with another dog(s)?

- Yes (How many? _____)
 No

8. Has your dog ever gotten into a dog fight?

- Yes
 No (**Skip to Section I**)
 a. If yes, who was the fight with?
 Other resident dog
 Unknown dog

- Family/Friend's dog
 Other _____

b Please describe the incident(s):

c Where was the fight?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Inside of Home | <input type="checkbox"/> On walk |
| <input type="checkbox"/> Outside but on Property | <input type="checkbox"/> Daycare |
| <input type="checkbox"/> Dog Park | <input type="checkbox"/> Other _____ |

d Did your dog get injured or need medical attention?

- Yes
 No

c Did the other dog get injured or need medical attention?

- Yes
 No (**Skip to Section I**)
 Unknown (**Skip to Section I**)
a. If yes, please describe the injury:

- Unknown
 Scraped skin left mark (did not bleed)
 Deeper scrape that also bled
 Multiple tooth punctures caused by body part being pulled away or dog being pulled off the other dog
 Multiple tooth punctures where dog bit and then

- immediately let go**
 Multiple tooth punctures where dog held on to the dog (may have shaken the dog)
 Multiple tooth punctures in multiple places on the dog's body
 The dog did not survive the attack

For Shelter Use Only: Pathway A, B, or C: _____

Section I

1. If there is another dog in the home, what is the dog's reaction towards them?

- No other dogs in the home
(Skip to #2)
- Friendly and playful
- Curious, but able to be recalled
- Indifferent
- Fearful, backs away

- Barks and/or growls/lip curls
 - Hyperfocused on the other dog, unable to be called away, stiff
 - Other
-

2. Are there any cats in the home?

- Yes
- No **(Skip to #3)**

i. What is the dog's reaction towards the cat(s)?

- Friendly and playful
- Curious, but able to be recalled
- Indifferent
- Fearful, backs away
- Hyperfocused on the other dog, unable to be called away, stiff
- Other

3. Are there any rabbits or other small animals in the home?

Yes. Please, list the species:

No

i. If the dog has access to them, what is your dog's reaction to them?

- Friendly
- Indifferent
- Aggressive
- Has no access

Does your dog have any dietary restrictions?

- Yes. List restrictions: _____
- No

What type(s) of food do you feed your dog:

- Dry kibble
- Wet food
- Raw food
- Homemade food
- Table scrap

How many times a day is your dog feed:

- 1
- 2

- 3 or more times a day
- Free-fed

How would you describe your dog's eating habits:

- Loves his/her food
- Picky eater
- Other _____

Does your dog ever have accidents in the house?

- Yes
- No

If you answered yes, are the incidents:

- Urine
- Stool
- Both

How often does your dog have accidents in the house?

- Never
- Daily
- Weekly
- Occasionally (a few times a year)

How often does your dog go outside to eliminate?

- Never
- 1-3 times a day
- 4 or more times a day

If your dog signals, what is it? _____

Is your dog trained to use a litterbox or pee pads?

- Yes
- No

How long can your dog hold it?

- Not at all - not housetrained
- 1-4 hours
- 4-8 hours
- 8-12 hour

Is there anything additional you'd like to share about your dog:

(FOR SHELTER USE ONLY) REVIEWED BY: _____ **DATE:** _____