OWNER SURRENDER INFORMATION – DOG

Dog’s Name ___________________________ Today’s Date ___/___/___

Is your dog Spayed or Neutered? Yes / No / Unknown
Is your dog microchipped? Yes / No / Unknown
Last Vaccination Date: ___________________________

Name of regular Veterinarian: ___________________________

Has your dog ever: Growled? □ Yes □ No      Snapped? □ Yes □ No      Bitten a person? □ Yes □ No
If you answered “Yes” to any of the above, please describe the incident(s) ___________________________

Please describe any bad habits or medical issues that a new owner should be aware of

________________________________________________________________________

Why can’t you keep this dog? ___________________________

How long have you had this dog? ___________________________

To your knowledge, how many previous owners has this dog had? ___________________________

Where did you acquire this dog? □ Breeder      □ Friend/Relative      □ Found Stray
□ Born at Home      □ Advertisement      □ This Humane Society
□ Other Rescue/Shelter: ___________________________      □ Other: ___________________________

What kind of training has your dog had? □ Obedience class      □ Home training
□ Professional training      □ None

Does your dog know how to: □ Sit □ Stay □ Come □ Lie down □ Walk on leash □ Other

Is your dog crate trained? □ Yes □ No
If yes, how long can he/she comfortably stay in the crate: ________ hours

YOUR DOG’S LIVING AND EATING HABITS

Where do you leave your dog when he/she is alone? □ Indoors unconfined      □ Indoors confined in a
room      □ Indoors in a crate      □ Outside unconfined      □ Outside in fenced yard or dog run      □ Outside on
rope/chain lead      □ Indoors with access to outdoors      □ In barn or shed      □ In garage or basement
□ At doggie day-care      □ With owner at work

How many hours per day on average does your dog spend alone? ___________________________

Where does your dog sleep? □ Indoors unconfined      □ Indoors confined in crate or room
□ Outside      □ Garage or basement

Is your dog housebroken? □ Yes □ No
How do you know when your dog needs to go to
the bathroom? ___________________________
My dog eats ______________ (amount) of _______________(brand) at each meal.

☐ Once a day (___morning ___evening)  ☐ Twice a day  ☐ Food out always  ☐ Other ______

YOUR DOG’S EXPERIENCES WITH OTHER ANIMALS AND CHILDREN

Does your dog get along with other dogs  ☐ Yes  ☐ No  If No, what does he/she do around other dogs? ____________________________________________________________

Does your dog get along with cats?  ☐ Yes  ☐ No  If No, what does your dog do around cats?

__________________________________________________________

My dog has lived with: ☐ Other Dogs ☐ Cats ☐ Caged Animals ☐ Livestock

☐ Other: ________________________________

Has your dog ever killed or injured another animal?  ☐ No  ☐ Yes

If yes, please explain ____________________________________________________________

My dog has ☐ Lived with children: ages ______  ☐ Regularly visited children – ages _____________

☐ Has infrequent contact with children – ages ______  ☐ No experience with children

☐ Negative experience with children: Please explain ____________________________

YOUR DOG’S PERSONALITY AND BEHAVIORS

What are your dog’s BEST qualities? ____________________________________________

__________________________________________________________________________

How would you describe your dog’s personality? __________________________________

__________________________________________________________________________

What are your dog’s favorite activities? _________________________________________

__________________________________________________________________________

What would your dog’s ideal home be like? ______________________________________

__________________________________________________________________________

My dog’s energy level is: ☐ Low  ☐ Average  ☐ High  ☐

How much exercise does your dog need regularly?  ☐ Lots  ☐ Moderate  ☐ Little or none

Is your dog used to grooming?  ☐ Yes  ☐ No  ☐ Unknown

If yes, was your dog groomed ☐ By you  ☐ By a professional

Are you able to trim your dog’s nails?  ☐ Yes  ☐ No  ☐ Unknown

How does he/she react to nail trims? ____________________________________________