



2608 Center Street
Tacoma, WA 98409

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? _____