



**Dog Surrender Form**

Date \_\_\_\_\_

Microchip # \_\_\_\_\_

Weight \_\_\_\_\_

Dog's name: \_\_\_\_\_

Dog's age: \_\_\_\_\_ Weeks / Months / Years

Breed: \_\_\_\_\_

My dog is:  Male  Female  Neutered / Spayed

How long have you had your dog: \_\_\_\_\_

**History**

Has your dog ever bitten anyone? (Human/animal)  Yes  No Within the last 10 days?  Yes  No

Do the bites draw blood?  Yes  No

If yes to any of the above, please explain: \_\_\_\_\_

**Why are you giving up your dog?**

**How did you acquire your dog?**

- Friend/Relative     Newspaper/Internet Ad     Shelter/Rescue     Pet Store
- Born at home     Found as stray     Breeder     Other \_\_\_\_\_

Has your dog been to the veterinarian within the last year?  Yes  No

If yes, what veterinary clinic was your dog seen at? \_\_\_\_\_

Are your dog's vaccinations current?  Yes  No

Does your dog have any health problems? (Include allergies, previous surgeries, current medications, etc.)

Yes  No If yes please explain: \_\_\_\_\_

**Home Life**

**How would you describe your dog most of the time? (Mark all that apply)**

- Affectionate     Playful     Lapdog     Friendly with visitors
- Shy with visitors     Shy with family     Independent     Very active     Not very active
- Talkative     Curious     Mellow     Social

**Has your dog lived with any of the following? (Mark all that apply)**

- Cats, how many? \_\_\_\_\_  Large dogs, how many? \_\_\_\_\_  Small dogs, how many? \_\_\_\_\_
- Children, ages: <5 years    6-12 years    13-17 years     Livestock     Small mammals

Has your dog had any experience off leash with other dogs? YES NO

**What activities do you do with your dog? (Mark all that apply)**

- Petting     Bathing     Brushing     Play fetch     Playing chase
- Tug-o-war     Rough housing     Running errands     Road trips     Restaurants/Cafes
- Cuddling     Training classes, please list any completed \_\_\_\_\_

What is your dog's favorite activity? \_\_\_\_\_

**How does your dog do on leash walks?**

- Walks on loose leash
- Walks on tight leash
- Pulls on leash
- Has no exposure to a leash
- Struggles and/or bites at the leash

Is your dog primarily kept:            Indoor            Outdoor

**When your dog is outside, s/he is:**

- Tethered by a: \_\_\_\_\_
- Running loose
- In an invisible fence
- Kenneled
- In a fenced yard- Height \_\_\_\_\_
- Type of fencing \_\_\_\_\_

Is your dog housetrained?    Yes    No

**How do you know when your dog needs to potty?**

- Goes to door
- Barks
- Paces
- Scheduled walks
- Uses dog door
- Other: \_\_\_\_\_

What do you enjoy most about your dog? \_\_\_\_\_

How would you describe the ideal home for your dog? \_\_\_\_\_

**Behavior**

Please indicate **Yes** or **No** if the behavior has been observed. Only use "not observed/not applicable" if you have never seen your dog in the situation described.

When left alone, does your dog exhibit any of the following behaviors?

Shaking, shiver, or trembling	
Excessive salivation	
Restlessness, agitation, or pacing	
Whining	
Barking	
Howling	
Chewing or scratching at doors, floor, windows, curtains, etc.	

Does your dog exhibit any of the following behaviors?

Chases cats if given the opportunity	
Chases squirrels, rabbits, or other small animals	
Escapes or would escape from home or yard If dogs escapes, how? _____	
Chews inappropriate objects What items do they chew? _____	

Urinates against objects/furnishings in your home	
Urinates when approached, petted, handled, or picked up	
Urinates or defecates inside when people are home	
Urinates or defecates when left alone either at night or during the day. How long are they left alone? _____	
Escapes when in a kennel/crate How long are they in the kennel? _____ What type of kennel is used? _____	
Urinates or defecates when in a kennel	
Jumping on household members or strangers entering the home	
Digging in the yard, not related to escaping a fence	

Please indicate **Yes** or **No** if your dog has shown any aggressive behavior in the situations below. Only use "not observed/not applicable" if you have never seen your dog in the situation described.

When approached by an unfamiliar adult while outside on leash	
When approached by an unfamiliar child while outside on leash	
When toy, bones, or other objects are taken away by household member	
When an unfamiliar person approaches you or another family member while in the home	
When an unfamiliar person approaches you or another family member outside of the home	
When approached by a household member while s/he is eating	
When his/her food is taken away by a household member	
When strangers walk past your home while dog is outside or in the yard	
When an unfamiliar person tries to touch or pet your dog	
When approach by an dog while outside on leash	
Towards unfamiliar dogs visiting your home	
Towards cats, squirrels, or other animals entering your yard	
Towards unfamiliar persons visiting your home.	
When you or a household member retrieves food or objects stolen by the dog	
When approached while eating by another (familiar) household dog	
When approached while playing with/chewing a toy, bone, or object by another (familiar) household dog	

Are there any other situation in which your dog exhibits aggressive behavior? If so, please describe:

Please indicate **Yes** or **No** if your dog has shown any fearful behavior in the situations below. Only use “not observed/not applicable” if you have never seen your dog in the situation described.

When approached by an unfamiliar adult while away from home	
When approached by an unfamiliar child while away from home	
In response to sudden or loud noises (e.g. vacuum, car backfire, road drill, objects being dropped, thunderstorms, firework displays, etc.)	
When an unfamiliar person tries to touch or pet your dog	
In response to strange or unfamiliar objects on or near sidewalk (e.g. plastic bags, leaves, litter, flags flapping, etc.)	
When examined/treated by veterinarian	
When approach by an unfamiliar dog outside the home	
When unfamiliar dogs visiting your home	
When first exposed to unfamiliar situations (e.g. car rides, first time in elevator, first visit to veterinarian)	
When nails clipped, groomed, or bathed by a household member	

**Are there any other situation in which your dog exhibits fearful behavior? If so, please describe:**

**May we contact you for further information if it is needed?**  Yes  No