

CANINE SURRENDER PROFILE

DATE: _____

Shelter ID# _____

*Please take as much time as you need to fill out this form as accurately and honestly as possible. This information will help us match your dog with his/her new family. The more information you are able to provide, the quicker your dog may be adopted. Please refrain from using any vulgar or prejudicial or offensive verbiage. **Your attention to detail and accurate completion of this form is both required and appreciated.** Any dishonest or false information can lead to the new owner returning their new dog! Thank you!*

PLEASE PRINT CLEARLY!

Reason for surrender: _____

If your reason involves behavior problems, how long have they been going on?

Have you contacted a behaviorist? _____ Name _____

Dog's name: _____ Vaccinated within the past year? Yes No

Age: _____ By what veterinary facility? _____

Breed: _____ Is your dog spayed/neutered? _____

How long have you owned this dog? _____

1. Where did you obtain the dog?
- | | | | |
|--|--|----------------------------------|---------------------------------------|
| <input type="checkbox"/> This facility | <input type="checkbox"/> Other shelter | <input type="checkbox"/> Breeder | <input type="checkbox"/> Pet store |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Friend | <input type="checkbox"/> Found | <input type="checkbox"/> Rescue group |
| <input type="checkbox"/> Other: _____ | | | |

2. To your knowledge, how many homes has the dog had before living with you? _____

3. Please list the ages and sexes of the people the dog has lived with: _____

4. Would you recommend placing the dog in a home with children under 8 years of age?

- Yes No Not sure

Why or why not? _____

If the dog lived with children under 8 years of age, how did they interact? (Check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Dog actively avoided children | <input type="checkbox"/> Dog growled at child | <input type="checkbox"/> Child could pet the dog |
| <input type="checkbox"/> Ignored each other | <input type="checkbox"/> Played together | <input type="checkbox"/> Gentle/affectionate |
| <input type="checkbox"/> Jumped on/knocked over | <input type="checkbox"/> Unknown | <input type="checkbox"/> Other: _____ |

5. Please tell us what other animals the dog has lived with (*check all that apply*):

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Male dog(s) un-neutered # _____ | <input type="checkbox"/> Female dog(s) un-spayed # _____ | <input type="checkbox"/> Cats # _____ |
| <input type="checkbox"/> Male dog(s) neutered # _____ | <input type="checkbox"/> Female dog(s) spayed # _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Never lived with other animals | | |

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6. What has been the dog's experience with other dogs in your home or outside of your home?

- Bullies Frightened of Friendly/playful Never around other dogs
 Growls/snaps Shy Curious Unknown
 Lunges on leash Ignores Other: _____

Would you recommend placing this dog in a home with other dogs? Yes _____ No _____ Not sure _____
Why or why not? _____

7. How has the dog interacted with cats?

- (Check all that apply):* Chases Curious Friendly Never around cats
 Barks/lunges at Ignores Gentle Unknown Has injured/killed
 Frightened of Other: _____

Would you recommend placing this dog in a home with cats? Yes _____ No _____ Not sure _____
Why or why not? _____

8. How often does the dog go to the bathroom inside your home? *(check all that apply):*

- Every day Once a month Only when a puppy When yelled at
 If left too long (how long?) _____ Only when not home Marks inside
 Never had inside accident Goes while crated
 Other: _____

Does this dog "ask" to be let outside to go to the bathroom? _____
How? _____

9. Is this dog crate/kennel trained? Yes No What does this dog do while crated? _____

10. If this dog chews, what does he/she like to chew on? *(check all that apply):*

- Chews furniture Chews socks/clothing Only chews toys Doesn't chew at all
 Chews at fences Chews when not home Chews rawhide/bones
 Chews at doorways/windows Steals items, then chews them Other: _____

What does the dog do when you try to take an item away? _____

11. Where is the dog when you're home? *(Check all that apply):*

- Always outside Sometimes outside Crate/kennel Loose in the house
 In garage Confined to a room (what room) _____
 Kept chained outside In basement Other: _____

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12. Where is the dog kept when you're **not** home? (Check all that apply):

- Always outside Sometimes outside Crate/kennel Loose in the house
 In garage Confined to a room (what room) _____
 Kept chained outside In basement Other: _____

13. How many hours a day is the dog left alone?

- More than 10 hours 8-10 hours 5-8 hours 0-4 hours Never left alone
 Other: _____

14. How do you confine the dog inside your yard? (Check all that apply):

- None dog runs free Partial fence Complete fence Stockade/privacy fence
 Chained to dog house (length of chain: 6 foot 5 foot 4 foot)
 Other: _____

15. Has the dog ever escaped? If so, how? (Check all that apply):

- Climbs the fence Runs away if off leash Does not escape or run away
 Opens latch Runs but comes when called Digs under/chews through fence
 Jumps over Other: _____

16. What Type of training has the dog had?

- Group obedience classes Professional/private sessions with a trainer.
Where? _____ With whom? _____ How many? _____
 Never attended any obedience classes.
 You trained in home Other: _____

What commands does the dog respond to? (Check all that apply):

- Fetch Sit Stay Paw/shake Down Heel

All others: _____

17. Are there any particular people or things that the dog appears to be afraid of?

- (Check All That Apply) Men Dogs Cars/truck Strangers
 Loud noises Children Women Cats Water
 Thunderstorms Vacuums/brooms People in uniform
 Other: _____

What does the dog do that leads you to believe he/she is afraid? _____

18. What circumstances or situations should be avoided that may cause the dog to growl or behave aggressively? _____

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19. Has the dog ever (check all that apply):

- Bitten Snapped Growled Snarled

Other: _____

Was it at or over (check all that apply):

- Food Rawhide Toys Strangers Children Adults Other animals

Other: _____

20. Does the dog have any current, previous or recurring medical or behavioral problems?

(Please describe in detail): _____

Is the dog currently on any medication? _____ What medication? _____

21. How does the dog react while at the vet's office? (Check all that apply):

- Growls Cowers/fearful Tries to escape Happy/playful
 Snaps at vet Needs muzzle Passive/doesn't care Tolerates

Other: _____

22. What part of the dogs body does he/she not like touched? (check all that apply):

- Feet Back Legs Head Tail Mouth
 Belly Other: _____

How does he/she respond? (Check all that apply):

- Snaps Growls Lunges Urinates/defecates
 Struggles/attempts to escape Cowers

Other: _____

What is the name of your veterinarian/veterinary clinic? _____

What brand and type of food have you been feeding the dog? _____

What would need to happen for you to keep the dog in your household? _____

If you have a copy of the dog's medical records please give them to the admission's counselor

Thank you for taking the time to fill out this profile in its entirety. All of this information will help us to find an appropriate new home for your dog. If you have any additional information you would like the new owner to know about their new dog, please use the lines below. Thank you!

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