Humane Society of West Michigan
Dog Surrender Form

Your Name: ___________________________ Date: __ / __ / ________ Phone: ________________

Street: ___________________________ City: ___________________________ State: ___________ Zip: ________

Dog and Household information

1. Dog’s Name: ______________________ 2. Sex: _________ Is the dog Spayed / Neutered? _________


5. Why are you surrendering the dog? ________________________________

6. How long have you had the dog? ________________________________

7. Where did you get the dog?

   O HSWM             O Friend/relative       O Newspaper/website       O Found/stray     O Breeder
   O Pet Store        O Another Shelter: ___________________________ O Other: ___________________________

8. Including yourself, how many people of the following ages live in your house?

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Female</th>
<th>Male</th>
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<tbody>
<tr>
<td>0-3</td>
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<tr>
<td>4-9</td>
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<td>10-17</td>
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<td>18-29</td>
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<td>30-59</td>
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<td>60+</td>
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</table>

9. What other animals did your dog live with?

   O None   O Dogs   O Cats   O Other

10. Was this successful?

   O Yes
   O No     please explain: ____________________________________________

__________________________________________
10. How does your dog usually behave toward the following?

<table>
<thead>
<tr>
<th>People your dog knows</th>
<th>Never Encounter</th>
<th>Friendly</th>
<th>Afraid</th>
<th>Shows Teeth/growls</th>
<th>Snaps</th>
<th>Bites</th>
<th>None of these</th>
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</thead>
<tbody>
<tr>
<td>Men</td>
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<td>Children</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Unfamiliar People</th>
<th>Never Encounter</th>
<th>Friendly</th>
<th>Afraid</th>
<th>Shows Teeth/growls</th>
<th>Snaps</th>
<th>Bites</th>
<th>None of these</th>
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</thead>
<tbody>
<tr>
<td>Men</td>
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<td>Children</td>
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<thead>
<tr>
<th>Animals your dog knows</th>
<th>Never Encounter</th>
<th>Friendly</th>
<th>Afraid</th>
<th>Shows Teeth/growls</th>
<th>Snaps</th>
<th>Bites</th>
<th>None of these</th>
</tr>
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<tbody>
<tr>
<td>Dogs</td>
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<td>Cats</td>
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<thead>
<tr>
<th>Unfamiliar Animals</th>
<th>Never Encounter</th>
<th>Friendly</th>
<th>Afraid</th>
<th>Shows Teeth/growls</th>
<th>Snaps</th>
<th>Bites</th>
<th>None of these</th>
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</thead>
<tbody>
<tr>
<td>Dogs</td>
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<td>Cats</td>
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</table>

12. Does your dog usually uncontrollably chase or attempt to chase any of the following? **Check all that apply**
   - Joggers
   - Bicycle riders/Skateboarders
   - Cars/motorcycles
   - Outdoor cats
   - Squirrels or other small animals
   - Birds
   - Doesn’t Chase
   - Other: ______________________

13. How does your dog usually react when an unfamiliar person approaches or enters your yard or house?
   - Friendly
   - Afraid
   - Barks
   - Shows Teeth/Growls
   - Snaps
   - Bites
   - None of These

14. Do you take your dog out to go to the bathroom?
   - Yes (please specify how many times per day) __________
   - No/paper trained

15. Does your dog usually have “accidents” in the house?
   - Yes (please specify how many times per day) __________
   - No

16. Where does your dog spend most of his/her time?
   - Inside of house - runs free
   - Inside of house - in cage
   - Outside of house - runs free in yard
   - Outside of house - runs free in neighborhood
   - Outside the house - in cage
   - Outside the house - tied up
17. How long is your dog left alone on an average day?
   - Never
   - 1-3 hours
   - 4-8 hours
   - 9-12 hours
   - Over 12 hours

18. When your dog is alone, is he/she...
   - Outdoors
   - Free in home
   - Confined in one room
   - In a crate
   - Other: ____________

19. When left alone, does your dog usually show any of the following behaviors?
   - Destroys items
   - Urinates/defecates
   - Bark/Cry
   - None of these
   - Other: ____________

20. When you are home, does your dog usually show any of the following behaviors?
   - Destroys household items
   - Urinates/defecates
   - Bark
   - Cry
   - None of these

21. When your dog plays, does he/she typically... (please check all that apply)
   - Jumps
   - Growls
   - Barks
   - Bites lightly
   - Bites hard
   - None of these

22. What toys does your dog like?
   - Balls
   - Frisbees
   - Plush
   - Squeaky
   - Tug Toy
   - None
   - Other: ____________

23. What games does your dog like?
   - Fetch
   - Tug
   - Chase
   - Wrestling
   - Doesn’t enjoy games
   - Other: ____________

24. Is your dog afraid of anything?
   - Yes
     Please explain: ______________________________________
   - No

25. Please tell us your dog’s bad habits: ______________________________________

26. Is your dog allowed on furniture?  
   - Yes  
   - No

27. Where does your dog usually sleep overnight?
   - Cage
   - Floor
   - Dog bed
   - Couch
   - Owner’s bed
   - Other: ____________

28. What commands does your dog know?
   - Sit
   - Stay
   - Down
   - Come
   - Heel
   - Give paw
   - Does not know any commands
   - Other: ____________

29. Has your dog attended any obedience training classes?  
   - Yes  
   - No

30. Has your dog ever been walked on a leash?  
   - Yes  
   - No

31. Does your dog have problems riding in the car?
   - Yes (please describe) ______________________________________
   - No
   - Don’t know

32. Has your dog escaped your property 2 or more times in the last 6 months?
   - Yes (please describe) ______________________________________
   - No
Aggressive Behavior

33. Is there any report of your dog ever inflicting a serious bite to a person (such as an attack or a bite requiring professional medical attention)?

[ ] Yes  [ ] No  [ ] Unknown  If yes, when did this occur?: ____________________________

34. Has your dog ever attacked another dog resulting in severe injury or death to the other dog?

[ ] Yes  [ ] No  [ ] Unknown

35. Has your dog ever attacked another domesticated animal species (cats or livestock but not “small pets” like hamsters, guinea pigs, etc.) resulting in severe injury or death to another domesticated animal?

[ ] Yes  [ ] No  [ ] Unknown

36. Please check the appropriate box if your dog has ever shown any of the following aggressive behaviors toward men, women, children, dog, or another domesticated animal species. Do not include aggressive behaviors directed toward a veterinarian or groomer.

<table>
<thead>
<tr>
<th></th>
<th>Shows teeth/growls</th>
<th>Snap</th>
<th>Bite</th>
<th>None of these</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
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<tr>
<td>Women</td>
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<td>Children</td>
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<tr>
<td>Dog</td>
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<tr>
<td>Other domesticated animal</td>
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</tbody>
</table>

37. If a snap or bite to men or women was checked, did the snap or bite to adult take place while breaking up a dog fight or while a dog was in severe pain?  [ ] Yes  [ ] No

38. If a snap or bite to children was checked, did the snap or bite to child take place while breaking up a dog fight or while a dog was in severe pain?  [ ] Yes  [ ] No

30. Please explain the circumstances of the snap or bite. If you checked more than one bite in the table above, please explain the circumstances of every snap or bite.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
40. If any aggressive behavior to men, women, or children was checked in the table above, please answer the following questions. (if does not apply, skip the table)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th></th>
<th>Women</th>
<th></th>
<th>Children</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Was the aggressive behavior over food?</td>
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<td>Was it over bones or rawhides?</td>
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<td>Was it over toys?</td>
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<td>Was it over stolen objects?</td>
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<td>Was it when the dog was disturbed while sleeping or resting?</td>
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<td>Was it when someone handled the dog (brushing, handling paws, bathing, teeth brushing, ear cleaning)? Do not include reaction to vet or groomer.</td>
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<td>Was it when an adult or child entered the house or yard?</td>
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<tr>
<td>Was it when an adult or child approached or reached toward the dog?</td>
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</tbody>
</table>
Medical History

41. Does your dog see a veterinarian at least once a year?  O Yes  O No

42. If “yes”, please specify the veterinarian name and contact info:
   Veterinarian Name: ___________________________  Contact Info: ___________________________

43. Check if your dog has ever shown any of the following aggressive behaviors when handled by a veterinarian or groomer.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never Done</th>
<th>Show teeth/growl</th>
<th>Snap</th>
<th>Bite</th>
<th>None of these</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examine (including heart and ears)</td>
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<tr>
<td>Restrain</td>
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<td>Administer shots</td>
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<tr>
<td>Trim nails</td>
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<tr>
<td>Take blood</td>
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</tbody>
</table>

44. Does your dog have to be muzzled at the veterinarian?  O Yes  O No

45. Does your dog have any past or present medical conditions?
   O Yes (please describe) ____________________________________________
   O No

46. Is your dog currently on any medication or special diet?
   O Yes (please describe) ____________________________________________
   O No

47. What type of food does your dog eat? (please check all that apply)
   O Dry    O Wet/canned    O Table scraps

48. Please feel free to give us any additional helpful comments/information.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

HUMANE SOCIETY OF WEST MICHIGAN