



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? _____

3. Age: _____ 4. Breed: _____

5. Why are you surrendering the dog? _____

6. How long have you had the dog? _____

7. Where did you get the dog?

- HSWM Friend/relative Newspaper/website Found/stray Breeder
 Pet Store Another Shelter: _____ Other: _____

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

Age Range	Female	Male
0-3		
4-9		
10-17		
18-29		
30-59		
60+		

9. What other animals did your dog live with?

- None Dogs Cats Other

10. Was this successful?

- Yes
 No please explain: _____

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

	Never Encounter	Friendly	Afraid	Shows Teeth/growls	Snaps	Bites	None of these
People your dog knows							
Men							
Women							
Children							
Unfamiliar People							
Men							
Women							
Children							
Animals your dog knows							
Dogs							
Cats							
Unfamiliar Animals							
Dogs							
Cats							

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 Urinate/defecate Bark/Cry None of these Other: _____

20. When you **are** home, does your dog usually show any of the following behaviors?

- Destroy household items Urinate/defecate 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, ect.) 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.

	Shows teeth/growls	Snap	Bite	None of these	Unknown
Men					
Women					
Children					
Dog					
Other domesticated animal					

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)

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

Medical History

41. Does your dog see a veterinarian at least once a year? Yes 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**.

	Never Done	Show teeth/growl	Snap	Bite	None of these
Examine (including heart and ears)					
Restrain					
Administer shots					
Trim nails					
Take blood					

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

45. Does your dog have any past or present medical conditions?

Yes (please describe) _____

No

46. Is your dog currently on any medication or special diet?

Yes (please describe) _____

No

47. What type of food does your dog eat? (please check all that apply)

Dry Wet/canned Table scraps

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

