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?
   □ This facility          □ Other shelter    □ Breeder      □ Pet store
   □ Newspaper           □ Friend       □ Found       □ Rescue group
   □ 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):
   □ Dog actively avoided children  □ Dog growled at child           □ Child could pet the dog
   □ Ignored each other       □ Played together                      □ Gentle/affectionate
   □ Jumped on/knocked over    □ Unknown                              □ Other: _______________________

5. Please tell us what other animals the dog has lived with (check all that apply):
   □ Male dog(s) un-neutered #_________  □ Female dog(s) un-spayed #_________  □ Cats #_________
   □ Male dog(s) neutered #_________    □ Female dog(s) spayed #__________  □ Other ___________
   □ 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
- Grows/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?
_____________________________________________________________________________________
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 dog’s 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
- Cowrs
- 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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