



For Office Use Only
Animal # _____
Age _____
Health _____
Staff Initials _____

DOG OWNER SURRENDER INFORMATION SHEET

This sheet is designed to help place your dog into an appropriate home. **PLEASE BE HONEST.** Since your dog can't talk, it is up to you to let us know his likes and dislikes, personality traits, and health so that we can find him the perfect forever home. The information you provide will help potential adopters make an accurate decision as to whether or not your dog will fit into the environment they can provide.

What is your dog's name? _____ Does your dog have a nickname? _____
How old is your dog? _____ Is your dog spayed or neutered? _____
If not spayed when was the last heat cycle? _____ Could your dog possibly be pregnant? YES ___ NO ___
How long have you had this dog? _____ Where did you get the dog? _____
How many owners has your dog had in its lifetime? _____
What specifically influenced your decision to surrender the dog? _____

Is your dog housetrained? YES _____ NO _____ How does your dog let you know that it needs to go out? _____

Has your dog had "accidents" in the house? YES _____ NO _____ If yes, how often? _____

Where does it happen? _____

What forms of training have you used? _____

Has your dog ever used a crate? YES _____ NO _____

If so, what kind (wire or plastic)? _____

How did your dog behave in the crate? _____

How long was your dog typically in the crate? _____

Where was the crate located? _____

Did you use the crate for punishment? YES _____ NO _____

Does your dog:

Chew Household objects or furniture? YES _____ NO _____

Dig in the yard? YES _____ NO _____

Jump on people? YES _____ NO _____

Enjoy riding in the car? YES _____ NO _____

Bark too much? YES _____ NO _____

Run away? YES _____ NO _____

Know any tricks? YES _____ NO _____ If so, what? _____

Exhibit any fearful behavior (thunder/ loud noises/men/loud voices, certain people/etc.)?

YES _____ NO _____ If yes, what and how severe is it? _____

When you are gone, where is your dog? Garage _____ Crate _____ Basement _____ Pen _____

Tie Out _____ Fenced In Yard _____ Dog House _____ Other _____

Loose in the House _____ Restricted to a Room _____ Which Room _____

What things trigger your dog's barking? _____

Has this ever caused a problem? _____

If you have a fenced in yard, what type of fencing? _____

How high is your fence _____ Can your dog jump over the fence? YES _____ NO _____

Is your dog outside supervised or unsupervised? _____

Loose _____ Tied Out _____

Has your dog been around children? YES _____ NO _____ Don't Know _____

How does your dog react around children? Exuberant _____ Nervous _____ Friendly _____ Other _____

What are the ages and gender of the children living in the household? _____

When we place your dog, would you prefer it goes with children? YES _____ NO _____

If yes, what ages would be best? _____

How does your dog greet strangers at your house? _____

What kind of play does your dog enjoy? _____

Do you play tug of war with your dog? YES _____ NO _____

Do you rough house with your dog? YES _____ NO _____

Has your dog ever growled, nipped or shown aggression to any person or other animal?

YES _____ NO _____

Please describe in detail the situation how and where this occurred _____

Has your dog lived with or been around cats? YES _____ NO _____

If yes, how did it react? _____

When we place your dog, would you prefer it goes with cats? YES _____ NO _____

Has your dog lived with or been around other dogs? YES _____ NO _____

If yes, how did it react? _____

When we place your dog, do you prefer it goes with other dogs? YES _____ NO _____

What words best describe your dog? *Outgoing Exuberant Shy Independent Slow to Adjust Scared*

Other _____

Have you used any form of correction or discipline with your dog? _____

How did your dog react? _____

Have you ever consulted a trainer or behaviorist on **ANY** problems concerning this dog?

YES _____ NO _____ If yes, what was the name of the trainer or facility? _____

What kind of problem? _____

Which veterinarian did your dog see? _____ Date of last visit _____

Is your dog current on vaccinations? YES _____ NO _____ What name are the records under? _____

Are there any health issues (current or past) we need to be aware of? YES _____ NO _____

If yes, please explain _____

What do you feed your dog? _____ How much & how often? _____

Does your dog get people food? YES _____ NO _____

Was your dog allowed to beg when people were eating? YES _____ NO _____

Where does your dog typically sleep? _____

Was your dog allowed on furniture? YES _____ NO _____

Does your dog like to be brushed? Loves It _____ Ok, For a While _____ Hates It _____

What kind of exercise did your dog get? _____

How often? _____

How does your dog walk on a leash? PULL _____ NOT PULL _____

Describe: _____

Would you say your dog's energy is: HIGH _____ MODERATE _____ LOW _____

What does your dog love doing the most? _____

Undesirable behaviors and medical issues do not necessarily create problems in placement; however, not disclosing those problems certainly does. *Dishonest or incomplete answers can undermine the safety and happiness of both your dog and the new adoptive family.*

By signing, I verify that the information provided is accurate and complete. I understand that this information will be used in the decision whether or not to place this dog with a new family. In addition, I authorize Fox Valley Humane Association to contact my veterinarian for release of this dog's health record.

Signature

Date