

DOG SURRENDER PROFILE

Greenhill



Humane Society, SPCA
Loving Animals Since 1944

No one knows and loves your dog the way you do. In order to help us find the most appropriate home for your dog, please provide us with as much information as possible about your dog's history, past veterinary care, likes, dislikes, quirks and behavior. Behavior and medical issues do not necessarily create problems, but failing to disclose them certainly does. This information may be shared with potential and actual adopters of your dog.

Undesirable behavior and medical issues do not necessarily create problems in placement, however, not disclosing those problems definitely does. Dishonest or incomplete responses can undermine the safety and happiness of both your dog and the new adopting family. If you have any questions, please ask the kennel technician.

Has your dog bitten anyone or any animal in the last ten (10) days? Yes No

Has your dog ever bitten anyone or another animal and drawn blood Yes No

If yes to either question, stop and inform staff.

Shelter Arrival Date: _____

Interviewer: _____

Dog's Name _____

Date of birth if known _____

Age _____ Sex _____ Breed _____

GENERAL INFORMATION

Dog's Sex: Male Female Unsure

Is dog spayed/neutered? Yes No Unsure

What kind of I.D. does your dog have? Tattoo (If so, where is it located)?

Microchip (If so, what brand)? _____

HISTORY

Why are you surrendering your dog? _____

If surrender reason is behavioral, please explain: _____

Have you tried to find a home for this dog on your own? Yes No

If yes was it Craigslist Newspaper Rescue Save the pets

Other _____

What responses did you get? _____

How long have you had this dog? _____

Including yours, how many homes has this dog had? _____

Where did you acquire this dog? From GHS another shelter breeder found as a stray

newspaper friend/relative pet store born in my home

other _____

LIFESTYLE & HOME LIFE

Please check all the animals that the dog has lived with: (check all that apply)

- Male dogs Female dogs Small animals (what kind?) _____
 Male cats Female cats Farm animals (what kind?) _____
 Other (please explain) _____

Was there any concerns? _____

Describe the dog's behavior around other dogs. (check all that apply)

- Never been around dogs Adores other dogs Friendly/playful
 Aggressive with all dogs Bossy Frightened
 Ignores or is indifferent Gentle/submissive Roughhouses
 Aggressive with same sex dogs Other (please explain) _____

Would you recommend placing this dog in a home with other dogs? Yes No

If no, please explain: _____

Describe the dog's behavior around cats. (check all that apply)

- Never been around cats Respectful Friendly/playful
 Aggressive Has killed a cat Frightened
 Ignores or is indifferent Gentle/submissive Chases for fun
 Chases to harm Other (please explain) _____

Would you recommend placing this dog in a home with cats? Yes No

If no, please explain: _____

Where was the dog when no human members of your family were at home?

- Free run of the house Crated In fenced yard
 In garage or basement Confined to kitchen/bathroom
 Outside on chain or runner Electronic Pet Containment (what type)?
 Other (please explain) _____

How many hours a day was the dog kept outside?

- None Less than an hour 1-2 hours
 3-4 hours More than 5 hours Lived outdoors
 Allowed inside only at night Other (please explain) _____

Explain how your dog was confined to your property when outside:

- Fenced yard Electronic Pet Containment (what type)? _____
 Tied out, chain or runner Kennel or enclosure
 Other (please explain) _____

If your dog was confined by a fence, how high was the fence? _____

If your dog was kept tied, or in a fenced yard did he/she ever do any of the following? (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Sleep or sit quietly | <input type="checkbox"/> Dig | <input type="checkbox"/> Bark |
| <input type="checkbox"/> Annoy the neighbors | <input type="checkbox"/> Cry | <input type="checkbox"/> Howl |
| <input type="checkbox"/> Tangled in chain or rope | <input type="checkbox"/> Shivers in cold weather | <input type="checkbox"/> Escape runner or tie out |
| <input type="checkbox"/> Climb or jump fences | <input type="checkbox"/> Slip collar | |
| <input type="checkbox"/> Pant or suffer heat exhaustion in hot weather | | |
| <input type="checkbox"/> Pace or exhibit other obsessive behaviors | | |
| <input type="checkbox"/> Other (please explain) _____ | | |

When your dog was outside was he/she ever teased or bothered by people or other animals? Yes No

If yes, please explain: _____

Does your dog run after cars bikes pedestrians Other _____ Never

If yes to above questions, what does the dog do? _____

If your dog did escape its confinement, where did it go? _____

Has your dog ever been kenneled Yes No

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Private boarding facility | <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Animal Shelter |
|--|---------------------------------------|---|

How did your dog react to being boarded? _____

Where does the dog sleep at night? (check all that apply)

- | | | | |
|---|--|------------------------------------|--|
| <input type="checkbox"/> Loose inside house | <input type="checkbox"/> In garage | <input type="checkbox"/> Outside | <input type="checkbox"/> In child's room |
| <input type="checkbox"/> Confined to one room | <input type="checkbox"/> In adult's room | <input type="checkbox"/> On my bed | |
| <input type="checkbox"/> On dog bed | <input type="checkbox"/> On couch or chair | <input type="checkbox"/> Crate | |
| <input type="checkbox"/> Other (please explain) _____ | | | |

MANNERS & TRAINING

What training/performance activities did you participate in with your dog? (check all that apply)

- | | | | |
|---|------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Obedience | <input type="checkbox"/> Agility | <input type="checkbox"/> Flyball | <input type="checkbox"/> Herding |
| <input type="checkbox"/> Therapy Dog Certification | <input type="checkbox"/> Fieldwork | <input type="checkbox"/> Schutzhund | |
| <input type="checkbox"/> Other (please explain) _____ | | | |

Please check the following if the dog has ever done any of the following:

- | | | | | |
|-----------------------------------|----------------------------------|----------------------------------|---------------------------------|--------------------------------|
| Adult family members | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Children family members | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Strangers at door | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Visiting adults | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Visiting children | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Vet or groomer | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| People near his/her sleeping area | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Pedestrians | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| People near his/her food | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| People in uniform | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Wildlife | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Neighbors pets | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |

Is this dog housetrained? Yes No Almost (started training)

If no, please check all that apply: Dog urinates inside home daily

Urinates inside home occasionally Defecates inside home daily Defecates in home occasionally

Does your dog have housetraining accidents most (often happen when): (check all that apply)

When dog is not closely supervised When dog is not kept on a schedule

When dog is overexcited When dog signals to be let out and is ignored

When dog is sleeping Other (please explain) _____

How have you dealt with this problem? (check all that apply)

Consult vet or trainer Paper training Confined dog Kept dog outside

Rubbed nose in it Yelled at dog Spanked dog Acted "mad" at dog

Made dog feel guilty Blamed myself Read up on housetraining methods

Other (please explain) _____

Can the dog be allowed off-leash and come when called? Yes No

Did you crate train the dog? Yes No

If yes, how long did the dog spend in the crate each day? _____

Is the dog destructive if left alone inside the home? (If yes, check all that apply)

Chews woodwork/walls Chews furniture Chews plants Chews clothing/shoes

Chews paper or trash Chews toys/stuffed animals Chews on windows/door

Other (please explain) _____

Does the dog raid the trash or get into other similar mischief? Yes No

If yes what: _____

Please tell us about the **desirable** tricks and habits you have taught your dog to do: (check all that apply)

Basic obedience commands Come when called Play fetch

Walk on a loose leash Ride nicely in car Greet visitors politely

Shake or similar cute trick Take treats gently Wait for food

Get on & off furniture when asked

Other (please explain) _____

What words does your dog understand?

Sit Stay Down Heel Come Leave it

Drop Wait Off Fetch Doesn't know any commands

Other (please explain) _____

How often do you work with your dog on training?

Everyday Several times per week Once a week or less Never

Please describe the reward system you use: _____

Describe the dog's behavior in the car:

- Loves it
- Hates it
- Tolerates it
- Nervous
- Afraid, but ok
- Calm
- Car sick
- Protective of car
- Destructive
- Dog never rides in car
- Other (please explain) _____

Is the dog permitted to sit and/or sleep on furniture? Yes No

How does the dog react to being handled or corrected by the collar? (check all that apply)

- Offers strong resistance
- Growls or barks
- Cowers or acts frightened
- Backs out of collar
- Lies down
- Acts calm and accepting
- Snaps or bites
- Yelps or cries
- Other (please explain) _____

Does the dog jump up on people when greeting them? Yes No

Is the dog constantly underfoot when food is present? Yes No

Does the dog beg at the table or in the kitchen? Yes No

If so, is this behavior rewarded with food? Yes No

Is the dog protective or possessive of any of the following? (check all that apply)

- Of food (to other pets)
- Of toys (to other pets)
- Of his/her body
- Of food (to people)
- Of toys (to people)
- Of owner/family
- Of property
- Other (please explain) _____

Please check all of the following that frighten this dog:

- Babies or toddlers
- Men
- Women
- Teenagers
- School-age children
- Strangers/visitors
- Water
- People in uniform
- Unpredictable children
- Vacuums
- Brooms
- Loud voices/yelling
- Thunder/lightening
- Car
- Erratic or sudden movement
- Fireworks/loud noises
- Veterinarian/groomer
- Other (please explain) _____

Are there any wonderful, special traits or habits that you would like his/her new family to know about?

HEALTH & GROOMING

Did the dog see a veterinarian on a regular basis (at least once a year)? Yes No

Which Veterinarian / Clinic? _____

What Vaccinations are current? _____ Current on Rabies Vaccination? Yes No

How did the dog react to going to vet? _____

Does the dog need to be muzzled at the vet? Yes No

Has this dog ever been hit by a car or required surgery? Yes No

If so, please explain: _____

Has this dog ever been diagnosed or treated for any of the following by a veterinarian? (check all that apply)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Heartworm disease | <input type="checkbox"/> Lyme disease | <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Tumors |
| <input type="checkbox"/> Epilepsy or seizures | <input type="checkbox"/> Skin allergies | <input type="checkbox"/> Thyroid disease | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Environmental allergies | <input type="checkbox"/> Irritable bowel | <input type="checkbox"/> Hip Dysplasia | <input type="checkbox"/> Separation anxiety |
| <input type="checkbox"/> Chronic ear/eye infections | <input type="checkbox"/> Lupus | <input type="checkbox"/> Cancer | <input type="checkbox"/> Cataracts |
| <input type="checkbox"/> Entropion/ectropion eye | | | |
| <input type="checkbox"/> Other illness/condition? (please explain) _____ | | | |

Does your dog require any medication on a regular basis? Yes No

If yes what medication: _____

Does the dog allow you to clip his/her nails? Yes No

Does the dog like to be brushed? Yes No

Are there places on the dog's body he/she does not like being touched, brushed or petted? Yes No

If yes, please explain: _____

Has your dog ever been professionally groomed? Yes No

If so, how did the dog behave? _____

DIET, EXERCISE & PLAY

What brand of food did you feed? _____

How often did you feed, and how much? _____

What do you use: Dry food Wet food Combination of both

Is the dog fed scraps from the table or "people food"? Yes No

Does the dog receive "treats" on a regular basis? Yes No

If so, what kind? _____

Does your dog have any allergies or sensitivities to any grains or common food ingredients? Yes No

If so, which grains or ingredients? _____

What are the dog's favorite kinds of toys? (check all that apply)

- | | | | |
|---|------------------------------------|--|--|
| <input type="checkbox"/> Shows no interest in toys | <input type="checkbox"/> Frisbee | <input type="checkbox"/> Squeaky toys | <input type="checkbox"/> Plastic bottles |
| <input type="checkbox"/> Tennis ball/rubber ball | <input type="checkbox"/> Rope toys | <input type="checkbox"/> Shoes | <input type="checkbox"/> Rocks |
| <input type="checkbox"/> Plush/stuffed toys | <input type="checkbox"/> Sticks | <input type="checkbox"/> Children's toys | |
| <input type="checkbox"/> Other (please explain) _____ | | | |

What does your dog do with his or her toys? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Carries toys around in mouth | <input type="checkbox"/> Shreds/tears them apart |
| <input type="checkbox"/> Tosses, chases or whips back and forth by himself | <input type="checkbox"/> Chews them |
| <input type="checkbox"/> Tosses, chases or plays tug-of-war with | <input type="checkbox"/> Retrieves for owner |
| <input type="checkbox"/> "Comfort" behavior (licking/cuddling) | <input type="checkbox"/> Buries or hides them |
| <input type="checkbox"/> Plays "keep away" | |
| <input type="checkbox"/> Other (please explain) _____ | |

What type of exercise does the dog get on a regular (several times a week, at least) basis?

- | | | |
|--|--|---|
| <input type="checkbox"/> Accompanies owner jogging | <input type="checkbox"/> Walking on leash | <input type="checkbox"/> Running on leash |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Dog park | <input type="checkbox"/> Vigorous play |
| <input type="checkbox"/> Plays with other dogs | <input type="checkbox"/> No exercise at all | <input type="checkbox"/> Plays with kids |
| <input type="checkbox"/> Plays with adults | <input type="checkbox"/> Agility or herding work | |
| <input type="checkbox"/> Accompanies owner walking or hiking | | |
| <input type="checkbox"/> Other (please explain) _____ | | |

Describe your dog's play style with people. (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Plays gently | <input type="checkbox"/> Does not use teeth or body strength |
| <input type="checkbox"/> Plays roughly but stops when told | <input type="checkbox"/> Jumps and uses mouth in play |
| <input type="checkbox"/> Plays very physically | <input type="checkbox"/> Games quickly escalate out of control |
| <input type="checkbox"/> Prefers to chase | <input type="checkbox"/> Prefers fetch |
| <input type="checkbox"/> Just likes to hang | <input type="checkbox"/> No interest in playing with people |
| <input type="checkbox"/> Tends to herd | <input type="checkbox"/> Tends to nip |
| <input type="checkbox"/> Other (please explain) _____ | |

Describe your dog's play style with other dogs. (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Plays chase with little or no body contact | <input type="checkbox"/> Plays hard with hip checks and body slams |
| <input type="checkbox"/> Herds or nips others to get them to move | <input type="checkbox"/> Adapts to whatever play style other dogs have |
| <input type="checkbox"/> Shares toys and plays quietly with other dogs | <input type="checkbox"/> Likes to play with dogs smaller than him |
| <input type="checkbox"/> Likes to play with dogs that are gentle | <input type="checkbox"/> Will play with all dogs |
| <input type="checkbox"/> Has to be in charge in play situation | <input type="checkbox"/> Barks constantly |
| <input type="checkbox"/> Hangs out with other dogs rather than play | <input type="checkbox"/> Does not enjoy playing with other dogs at all |
| <input type="checkbox"/> Can play with more than one dog at a time | |
| <input type="checkbox"/> Other (please explain) _____ | |

If your dog has never lived with or regularly visited with children, you may skip forward to the next section. Otherwise, please take the time to complete this section with accurate information so that we can make a safe and responsible placement with children in a new home. Your attention to detail is expected and appreciated.

Did your dog live with children in your home? Yes No

If so, what ages? _____

Would you recommend this dog live with children? Yes No

Describe why or why not: _____

Did your home have children as visitors on a regular basis? Yes No

If yes, what were the ages of the children?

Would you recommend this dog be placed in a home where children or grandchildren visit on a regular basis?

Yes No

Were all interactions between dog and child(ren) supervised by an adult? Yes No

If yes, please explain: _____

In your opinion, what age children would live happily and safely with this dog? _____

Describe your dog's behavior around children. (check all that apply)

- | | | | |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Never been around children | <input type="checkbox"/> Friendly/playful | <input type="checkbox"/> Gentle | <input type="checkbox"/> Nervous/frightened |
| <input type="checkbox"/> Snappy at times | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Too active | <input type="checkbox"/> Adores children |
| <input type="checkbox"/> Watches over children | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Excited | <input type="checkbox"/> Unpredictable |
| <input type="checkbox"/> Actively avoids children | | | |
| <input type="checkbox"/> Other (please explain) _____ | | | |

Will the dog allow children to touch or handle food and water dishes without getting upset? Yes No

Does the dog try to take food from children when it is not offered? Yes No

Did the children regularly offer food/treats to the dog? Yes No

Will dog take treats offered by child gently? Yes No

Does the dog hover nearby when your child has food? Yes No

Have your children fed or watered your dog on a daily basis? Yes No

Does the dog accept being brushed or petted by children? Yes No

Will the dog accept "examination" by children younger than 6 years old (having ears lifted and tugged, having eyes touched) Yes No

Tail held or grabbed, fur "scrunched" or grabbed by children's hands)? Yes No

Has a child ever tripped over, stepped on, or fallen on your dog? Yes No

What was the dog's reaction? _____

Has your dog ever been walked by a child? Yes No

If yes, please describe the situation & frequency: _____

Please describe your dog's most likely reaction to the following happening around him/her:

A child running: _____

A child falling down: _____

