



## Dog Surrender Profile

Behavior and medical issues do not necessarily create problems, but failing to disclose them certainly does. Dishonest or incomplete responses can undermine the safety and happiness of both your dog and the new adopting family. Please help us find the best possible situation for your dog by answering the following.

**Today's Date:** \_\_\_\_\_

### Owner Information

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Alternate Phone #

\_\_\_\_\_  
Email Address

### Dog Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Breed(s)

\_\_\_\_\_  
Date of Birth (if known)

\_\_\_\_\_  
Age

Dog's Sex:

☐ Male

☐ Female

☐ Unsure

Is dog spayed/neutered?

☐ Yes

☐ No

☐ Unsure

**GENERAL INFORMATION**

How long have you had this dog? \_\_\_\_\_

How many homes has this dog had? \_\_\_\_\_

**Where did you get this dog?**

- |  |   |
|--|---|
| <input type="checkbox"/> Greenhill Humane Society                | <input type="checkbox"/> Friend/family      |
| <input type="checkbox"/> First Avenue Shelter                    | <input type="checkbox"/> Giveaway           |
| <input type="checkbox"/> Other shelter or rescue group*          | <input type="checkbox"/> Gift               |
| <input type="checkbox"/> Classifieds (paper, Craig's list, etc.) | <input type="checkbox"/> Offspring from pet |
| <input type="checkbox"/> Pet Store                               | <input type="checkbox"/> Stray              |
| <input type="checkbox"/> Breeder                                 |   |

\*If you selected other shelter or rescue group, please provide name: \_\_\_\_\_

**Reasons for surrender? (check all that apply)**

<b>HEALTH</b>	
<input type="checkbox"/> Health of pet	
<b>BEHAVIOR</b>	
<input type="checkbox"/> Aggressive toward people	<input type="checkbox"/> Not leash trained
<input type="checkbox"/> Aggressive toward animals	<input type="checkbox"/> Excessive barking
<input type="checkbox"/> High prey drive	<input type="checkbox"/> Escapes home/yard
<input type="checkbox"/> Destructive	<input type="checkbox"/> Problems between this pet & my other pet(s)
<input type="checkbox"/> House soiling	<input type="checkbox"/> Other: _____
<b>UNABLE TO CARE FOR DOG</b>	
<input type="checkbox"/> Not able to train &/or exercise	<input type="checkbox"/> Health of family member/allergic to pet
<input type="checkbox"/> Financial reasons	<input type="checkbox"/> Death of owner
<input type="checkbox"/> Housing (homeless, landlord approval, etc.)	<input type="checkbox"/> Domestic Violence Assistance Program
<input type="checkbox"/> Unrealistic expectations	<input type="checkbox"/> Found

**HEALTH**

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

Which Veterinarian /Clinic? \_\_\_\_\_

How did the dog behave at the clinic? \_\_\_\_\_

**Is the dog current on all vaccinations including rabies?** ☐ Yes ☐ No

**Has this dog ever been hit by a car or needed surgery?** ☐ Yes ☐ No

If so, please explain: \_\_\_\_\_

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

- |   |  |
|---|--|
| <input type="checkbox"/> Ear/Eye Infections         | <input type="checkbox"/> Epilepsy or Seizures    |
| <input type="checkbox"/> Skin Allergies             | <input type="checkbox"/> Thyroid Disease         |
| <input type="checkbox"/> Environmental Allergies    | <input type="checkbox"/> Arthritis/Hip Dysplasia |
| <input type="checkbox"/> Vaccine Allergies/Reaction | <input type="checkbox"/> Tumors/Cancer           |
| <input type="checkbox"/> Lyme Disease               | <input type="checkbox"/> Separation Anxiety      |
| <input type="checkbox"/> Heartworm Disease          | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Heart Murmur               | <input type="checkbox"/> Other _____             |

**Does this dog require any medication on a regular basis?** ☐ Yes ☐ No

If yes, list medication: \_\_\_\_\_

**List places on the dog's body he/she does not like being touched?**

\_\_\_\_\_

**HOME LIFE, EXERCISE, & PLAY**

**How many HOURS a day is the dog left ALONE?**

☐ 0-4

☐ 5-9

☐ 10+

**Where is the dog when ALONE?** *(check all that apply)*

☐ Free run of house

☐ Fenced yard

☐ Confined to one room/area

☐ Kenneled outside

☐ Crated

☐ Chain/runner outside

**Where is the dog when SOMEONE is HOME?** *(check all that apply)*

☐ Free run of house

☐ Fenced yard

☐ Confined to one room/area

☐ Kenneled outside

☐ Crated

☐ Chain/runner outside

**What type of REGULAR EXERCISE does the dog get** *(several times a week)?*

☐ Does not get regular exercise

☐ Vigorous play *(fetch, tug, etc.)*

☐ Walking on leash

☐ Play with other dogs

☐ Running on leash

☐ Dog park

☐ Hiking

☐ Other \_\_\_\_\_

☐ Swimming

☐ Other \_\_\_\_\_



**Ages of CHILDREN in the HOME:** *(check all that apply)*

- ☐ No children in home      ☐ 0-3 yrs      ☐ 4-7 yrs      ☐ 8-12 yrs      ☐ 13+ yrs

**Ages of CHILDREN that regularly VISIT home:** *(check all that apply)*

- ☐ Children do not visit      ☐ 0-3 yrs      ☐ 4-7 yrs      ☐ 8-12 yrs      ☐ 13+ yrs

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

- |   |   |
|---|---|
| <input type="checkbox"/> Never been around children | <input type="checkbox"/> Indifferent        |
| <input type="checkbox"/> Actively avoids children   | <input type="checkbox"/> Gentle             |
| <input type="checkbox"/> Nervous/Frightened         | <input type="checkbox"/> Friendly/Playful   |
| <input type="checkbox"/> Unpredictable              | <input type="checkbox"/> Excited            |
| <input type="checkbox"/> Snappy at times            | <input type="checkbox"/> Can play too rough |
| <input type="checkbox"/> Aggressive                 |   |

**Describe the dog's PLAY STYLE with PEOPLE.** *(check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Nervous around other people        | <input type="checkbox"/> Plays roughly but stops when told     |
| <input type="checkbox"/> No interest in playing with people | <input type="checkbox"/> Tends to herd or nip                  |
| <input type="checkbox"/> Social, but not playful            | <input type="checkbox"/> Jumps and uses mouth in play          |
| <input type="checkbox"/> Plays gently                       | <input type="checkbox"/> Games quickly escalate out of control |

**Has the dog lived near FARM ANIMALS?**   ☐ Yes   ☐ No

If yes, is the dog well behaved around farm animals?   ☐ Yes   ☐ No

What types of farm animals? \_\_\_\_\_



**Please check all the PETS that the dog has lived with:**

- ☐ Male dog(s)      ☐ Female dog(s)      ☐ 1 indoor cat      ☐ Multiple indoor cats  
☐ Small animals (*what kind?*) \_\_\_\_\_

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

- |  |  |
|--|--|
| <input type="checkbox"/> Never been around dogs    | <input type="checkbox"/> Aggressive with some dogs |
| <input type="checkbox"/> Ignores or is indifferent | <input type="checkbox"/> Aggressive with all dogs  |
| <input type="checkbox"/> Nervous/frightened        | <input type="checkbox"/> Excited                   |
| <input type="checkbox"/> Unpredictable             | <input type="checkbox"/> Friendly/Playful          |
| <input type="checkbox"/> Snappy at times or bossy  | <input type="checkbox"/> Gentle or submissive      |

**Describe the dog's PLAY STYLE with other DOGS. (*check all that apply*)**

- |  |   |
|--|---|
| <input type="checkbox"/> No interest in other dogs                     | <input type="checkbox"/> Herds or nips others to get them to move           |
| <input type="checkbox"/> Social, but not playful                       | <input type="checkbox"/> Has to be in charge in play situation              |
| <input type="checkbox"/> Likes to play with dogs that are gentle       | <input type="checkbox"/> Plays hard with hip checks and body slams          |
| <input type="checkbox"/> Shares toys and plays quietly with other dogs | <input type="checkbox"/> Barks constantly                                   |
| <input type="checkbox"/> Plays chase with little or no body contact    | <input type="checkbox"/> Does not enjoy playing with dogs, will bark & snap |
| <input type="checkbox"/> Can play with more than one dog at a time     |   |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Never been around cats    | <input type="checkbox"/> Friendly/Playful            |
| <input type="checkbox"/> Ignores or is indifferent | <input type="checkbox"/> Chases                      |
| <input type="checkbox"/> Nervous/Frightened        | <input type="checkbox"/> Unpredictable               |
| <input type="checkbox"/> Respectful                | <input type="checkbox"/> Aggressive                  |
| <input type="checkbox"/> Gentle or Submissive      | <input type="checkbox"/> Has injured or killed a cat |

**MANNERS & TRAINING**

**Is this dog HOUSE TRAINED?**    ☐ Yes                      ☐ No                      ☐ Almost *(some accidents)*

**Is this dog CRATE TRAINED?**    ☐ Yes                      ☐ No                      ☐ Tolerates *(goes in, but doesn't like)*

**Is the dog calm for NAIL TRIMS?**    ☐ Yes                      ☐ No                      ☐ Haven't tried to trim nails

**Does the vet/groomer MUZZLE this dog?**    ☐ Yes                      ☐ No                      ☐ Hasn't seen vet/groomer

**Is the dog DESTRUCTIVE?**                      ☐ Yes *(check all that apply)*    ☐ No

- |   |  |
|---|--|
| <input type="checkbox"/> Toys/stuffed animals | <input type="checkbox"/> Woodwork/walls    |
| <input type="checkbox"/> Paper or trash       | <input type="checkbox"/> Windows/doors     |
| <input type="checkbox"/> Clothing/shoes       | <input type="checkbox"/> Crates/enclosures |
| <input type="checkbox"/> Furniture            | <input type="checkbox"/> When left in car  |

**If yes, is the dog destructive when you are home or when alone?**    ☐ When I'm home                      ☐ When Alone

**Is the dog PROTECTIVE or POSSESSIVE of any of the following?** *(check all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Food (around pets)       | <input type="checkbox"/> Food (around people)       |
| <input type="checkbox"/> Toys/bones (around pets) | <input type="checkbox"/> Toys/bones (around people) |
| <input type="checkbox"/> Sleeping/resting places  | <input type="checkbox"/> Property/home              |
| <input type="checkbox"/> Car                      | <input type="checkbox"/> Owner                      |

**What does the dog do in the YARD when alone?** *(check all that apply)*

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> We don't have a yard          | <input type="checkbox"/> Howls, cries |
| <input type="checkbox"/> Rests or moves around quietly | <input type="checkbox"/> Digs         |
| <input type="checkbox"/> Paces                         | <input type="checkbox"/> Climbs fence |
| <input type="checkbox"/> Barks                         | <input type="checkbox"/> Escapes yard |



**Please check all responses to the following that you have witnessed:**

Adult family members	<input type="checkbox"/> Barked	<input type="checkbox"/> Growled	<input type="checkbox"/> Snapped	<input type="checkbox"/> Bitten	<input type="checkbox"/> Nothing
Children family members	<input type="checkbox"/> Barked	<input type="checkbox"/> Growled	<input type="checkbox"/> Snapped	<input type="checkbox"/> Bitten	<input type="checkbox"/> Nothing
Guests in home	<input type="checkbox"/> Barked	<input type="checkbox"/> Growled	<input type="checkbox"/> Snapped	<input type="checkbox"/> Bitten	<input type="checkbox"/> Nothing
Strangers at door	<input type="checkbox"/> Barked	<input type="checkbox"/> Growled	<input type="checkbox"/> Snapped	<input type="checkbox"/> Bitten	<input type="checkbox"/> Nothing
Strangers in public	<input type="checkbox"/> Barked	<input type="checkbox"/> Growled	<input type="checkbox"/> Snapped	<input type="checkbox"/> Bitten	<input type="checkbox"/> Nothing
Neighbor's pets	<input type="checkbox"/> Barked	<input type="checkbox"/> Growled	<input type="checkbox"/> Snapped	<input type="checkbox"/> Bitten	<input type="checkbox"/> Nothing

**Has the dog bitten a person or an animal in the last 10 days?** ☐ Yes ☐ No

**Has the dog ever drawn blood by biting a person or an animal?** ☐ Yes ☐ No

**Have you seen a professional dog trainer or veterinarian for behavioral problems?** ☐ Yes ☐ No

**If yes, please list the name, business, or clinic:**

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#### COMMENTS & RECOMMENDATIONS

Are there any additional comments you would like to add? Does this dog have special needs? Are there specific likes and dislikes you'd like to share?

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