Owner Surrender Dog Profile

The following animal profile will give us a better understanding of your dog’s behavior in certain situations. By answering these questions you can help us place him/her with the best new family.

Please be open and honest with your answers and provide as much information as possible. If you require more room for answers, please write on back of this page.

This profile does not guarantee that your pet will go into the adoption program.

By signing below, I certify that the information I am about to provide is accurate and truthful to the best of my knowledge.

Signature _________________________________ Date ______________

Print Name ________________________________

Phone Number _____________________________

Email ____________________________________

Animal ID# ________________________________

Front Desk Initials __________________________

E-room Initials _____________________________
**BASIC INFORMATION**

1. Why are you surrendering this dog? ____________________________________________

2. How long has dog lived with you? _______ years  How many owners has this dog had? ________________

3. Share three things you like about your dog and want others to know
   a. ___________________________________________________________________________
   b. ___________________________________________________________________________
   c. ___________________________________________________________________________

**MEDICAL INFORMATION**

1. Does your dog have any special medical or dietary needs? (Special diets, ongoing medication, etc.)  NO   YES
   Explain __________________________________________________________________________________

2. Does your dog have any previous health issues or injuries? (Surgeries, Seizures, Old Fractures, Allergies, etc.)  NO   YES
   Explain __________________________________________________________________________________

3. Has dog been spayed/neutered  NO   NOT SURE   YES  List approximate date ________________________________

**BEHAVIOR INFORMATION**

1. Has your dog ever bitten a person?  NO   YES  How many people has s/he bitten?
   a. If yes, did dog draw blood?  NO   YES  If no, did dog leave mark or bruise?  NO   YES
   b. Who was bitten, how long ago, why and where was bite located? ______________________________________

2. Are there any situations or items that cause your dog to growl, snarl, bark, lunge, snap or otherwise act aggressively towards people?  YES   NO  Circle all that apply.
   Food  Toys  Restraint  Bones/Rawhide  Stolen Objects  Hugging/Kissing
   Disturbed When Sleeping  Stranger Entering Home/Yard  Ear Cleaning
   Reaching For Dog Or Grabbing Collar  Brushing/Bathing  Nail Trimming  Other
   List severity of behavior for each situation circled and your response ________________________________

3. Has dog ever attacked/killed another animal?  NO   YES  Type of animal, severity of bite, when and why it occurred?

4. Are there situations/items that cause your dog to growl, snarl, bark, lunge, snap or otherwise act aggressively toward other dogs?  NO   YES  Circle all that apply.
   Food  Toys  Bones/Rawhide  Stolen Objects  Dog Park
   Attention From Owner  Dog Entering Home/Yard  Up On Furniture/Bed
   Dog Coming Too Close On Walk  Other
   List severity of behavior for each situation circled and your response ________________________________

5. Has your dog ever visited homes with dogs?  NO   YES  Dog Parks?  NO   YES

6. If your dog does not go to dog parks or visit homes with dogs, are there any dog friends he plays with on a regular basis?  NO   YES  Explain ________________________________

**HOUSEHOLD INFORMATION**

1. How many children under 18 has your dog lived with or regularly visited your home? _______ Ages ________________
   a. How did they interact? ____________________________________________
2. What other animals did your dog live with? ________________________________________________________________
   a. How did they interact? ______________________________________________________________________________

Does your dog have accidents in the house? NO YES How often
   a. When and where does s/he house soil _________________________________________________________________

3. Do you take your dog outside to go to the bathroom? NO YES How often
   a. When and where does s/he house soil _________________________________________________________________

4. When playing with your dog does s/he do any of the following? Circle all that apply
   Jumps    Growls (Play)    Barks (Play)    Mouths Hands or Clothes    Bites (Leaves Marks)    None Of These

5. Please list things your dog is afraid of _________________________________________________________________

6. Is your dog allowed on furniture? YES NO

7. Where does your dog sleep? _________________________________________________________________

8. Does your dog enjoy car rides? YES NO GETS CAR SICK

9. Does your dog escape from the yard or house? NO YES
   a. How often, when and how does he escape? ____________________________________________________________
   b. If your yard is fenced list type of fence and approximate height _____________________________________________

10. Does your dog live Inside Outside Both Explain ______________________________________________________

11. On average, how many hours a day does your dog spend alone? __________________________________________

12. Where do you leave your dog when no one is home?
   Outside Free Inside Confined To a Room In a Crate Other __________________________________________________

DOG INFORMATION
1. Circle all of the words that describe your dog’s personality
   Calm Friendly Energetic Independent Playful Fearful/Shy Anxious Confident Aggressive

2. When left alone, does your dog do any of the following? Circle all that apply
   Destroy Household Items Urinate/Defecate Bark Constantly Cry/Whine Howl Constantly
   Breaks out of Crate/Kennel Chew/Scratch under or Around Doors and Windows None of These
   a. How frequently does he do these behaviors _____________________________________________________________
   b. Does it matter how long you are gone NO YES Explain ______________________________________________________

3. What are your dog’s favorite toys and games? __________________________________________________________

4. Does your dog know any commands or tricks? Please list __________________________________________________

5. What one thing would you like to change about your dog? _________________________________________________

6. Is there anything else you would like to share about your dog? ____________________________________________
   __________________________________________________________________________________________

Select the level of exercise that best describes what your pet requires/prefers:
____ Low: Spends most of day sleeping or resting, wants occasional walks or playtimes
____ Mild: Likes to play for a while or take a few short walks and then will rest or relax
____ Moderate: Needs multiple medium to long walks each day or longer amounts of playtime/fetch
____ High: Needs regular jogs/runs or sports activities like Frisbee/Agility/Fly Ball

Thank you for your open and honest answers. Please let the desk staff know if you would like to help the many homeless animals in our care by making a donation: ____$10 ____$25 ____Other