



DOG SURRENDER PROFILE

STAFF USE ONLY
Animal ID: _____

OWNER INFORMATION

Name: _____ Phone: _____ Email Address: _____

PET INFORMATION

Name: _____ Age: _____
 Gender of Pet: M F Is this dog spayed/neutered? Y N Weight: _____
 Breed: _____ Color: _____
 How long have you owned your dog? _____
 Where did you acquire this dog? _____

1. Why are you re-homing your dog? Aggressive to other animals* Aggressive to people* Allergies
 Cannot Afford* Death of Owner Behavior of Dog* Health of Dog* Health of Owner Homeless
 Moving New Baby Other*

*Please explain: _____

2. Would any of the following assistance help you keep your dog?
 Assistance with medical treatment Assistance with behavior issue(s) Assistance with pet food
3. Including yourself, how many people of the following ages live your house?

Age range (years)	Female	Male
0-3		
4-9		
10-17		
18-29		
30-59		
60 & up		

4. How does your dog normally respond to the following types of people?

People your dog knows

	Never Encounter	Friendly	Tolerates but doesn't seek out	Fearful / Avoids	Shows teeth / growls	Snaps	Attempts to bite
Men							
Women							
Teens							
Children							

Unfamiliar people

	Never Encounter	Friendly	Tolerates but doesn't seek out	Fearful / Avoids	Shows teeth / growls	Snaps	Attempts to bite
Men							
Women							
Teens							
Children							

Please explain the circumstance of the snap or bite.

5. Please indicate if your dog has lived with the following pets:

Small Dogs:	Y / N	Breed:	M/ F	Spayed/ Neutered?
Large Dogs:	Y / N	Breed:	M/ F	Spayed / Neutered?
Cats:	Y / N	Breed:	M/ F	Spayed / Neutered?
Other				

6. Please indicate the relationship between your dog and the following pets (if applicable):

	Never Encounter	Friendly	Tolerates but doesn't seek out	Actively avoids	Chases	Shows teeth / growls	Snaps	Attempts to bite
Animals your dog knows/lives with								
Small Dogs								
Large Dogs								
Cats								
Chickens								
Unfamiliar animals								
Small Dogs								
Large Dogs								
Cats								
Chickens								

Please explain the circumstance of the snap or bite.

Typical Behavior (Your dog's usual behavior)

7. What kind of household does your dog do best in? Adults Only Family Dog Only Dog Household Only Pet
8. Is your dog housetrained? Yes No
If yes does the dog give a signal they need to go out? Yes(describe)_____ No _____
9. How long is your dog left alone, without people?
 Never 1-3 hours 4-8 hours 9-12 hours Over 12 hours
10. When left alone where does he/she spend most of their time?
 Outdoors Free to roam the house Confined to a room Crate
11. When left alone, does your dog usually show any of the following behaviors?
 Destroy household items Urinate Defecate Barks None of these
Other _____
12. Does your dog like to be petted? Yes Tolerates Walks away
13. Are there place your dog does not like to be handled? _____
14. What commands does your dog know? Sit Down Stay Come Shake
Other _____
15. How does your dog play? Gentle Somewhat rough Very rough Doesn't play
16. What is your dog's favorite toy to play with? _____
17. Is your dog scared of anything? No Yes(describe)_____
18. Has your dog ever bitten or growled over food, people or toys? No Yes(describe)_____
19. Please check all behaviors that might apply to your dog's behavior:

<input type="checkbox"/> Irritated by continuous petting	<input type="checkbox"/> Demands petting or continuous attention	<input type="checkbox"/> Does not enjoy strangers in public	<input type="checkbox"/> Does not enjoy strangers in the house	<input type="checkbox"/> Enjoys meeting dogs off leash
<input type="checkbox"/> Enjoys meeting dogs on leash	<input type="checkbox"/> Fearful of loud noises	<input type="checkbox"/> Chases cars/ joggers /bicyclists	<input type="checkbox"/> Barks excessively	<input type="checkbox"/> Separation Anxiety

20. Has your dog ever been in a severe dog fight in which either dog was injured? ___ Yes ___ No

If yes please describe:

Dog's Medical History

21. Does your dog see a veterinarian on a regular basis? ___ Yes ___ No

22. What is your vet hospital's name? _____

23. Does your dog have any present or past medical conditions? _____

24. Is the dog up to date on vaccinations? ___ Yes ___ No

25. Is your dog currently on any medications or special diets? _____

26. How does your dog usually behave toward the following?

	Allows	Shows teeth/ growls	Snap	Bite	Never Done
Examine(including heart and ears)					
Restrain by a stranger					
Administer shots					
Trim Nails					
Take Blood					

Anything additional you would like us to know about your dog?

Can we contact you for more information? ___ Yes ___ No

Upon completion, please email this form to Danielle.Haywood@multco.us