DOG OWNER SURRENDER QUESTIONNAIRE

Case # __________________________ Name of Dog ________________________________

Completing the information below will help us get to know your dog better.

Reason for surrendering this dog:
________________________________________________________________________________

How long have you had this dog? ____________________ Where did you get this dog? __________________________________________________________________________________

Did you get your pet from a Rescue or Animal Shelter? If so, please list name here: _______________________________________

Dog is: Housetrained ______ Paper-trained ______ Sometimes has accidents ______ Not housetrained ______

Is the dog crate trained? ______ How many times a day is the dog exercised? _______________ For how long? ________________

How much time was the dog kept outside? ____________________________ Inside? ____________________________

Where was the dog kept when no one was home? ______________________ Where did the dog sleep at night? ______________________

How many hours was the dog left alone? ______ How does the dog behave when left alone? __________________________________________________________________________________

How was the dog kept confined to your property?  Fenced area _____ Cable/chain ____ Not confined _____

Does the dog jump fences? _____ Height of your fencing? ______ Type of fencing? ______________________________________

Dog’s favorite activities _______________________________________________________________________________________

Training: Dog training classes _____ Professional in-home training ______ Trained by owner ______ No training ______

Please circle the commands that your dog knows: Sit    Down     Stay    Come    Heel    Wait    Lay down    Speak    Shake    Roll over

Other commands or languages known: ____________________________________________________________________________

This dog has lived in the same household with (check all that apply): Other dogs _____ Cats _____ Birds _____ Others _____

Children _____ Ages _______________ Other pets _____ What kind? ______________________________________________

How did this dog get along with above family members?

Has this dog ever injured or killed another animal(s)?  If so, type of animal(s) _____________________.  Was it an animal this dog lived with?  ____ Yes  ____ No  Please describe what happened (i.e., situation, extent of injury, medical care needed, etc.):
___________________________________________________________________________________________________________

Circle as many of the following that describe the dog’s behavior and habits:

<table>
<thead>
<tr>
<th>Barks a lot</th>
<th>Digs</th>
<th>Likes riding in cars</th>
<th>Roams</th>
<th>Whines</th>
<th>Playful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Escapes yard</td>
<td>Unruly</td>
<td>Submissive wetter</td>
<td>Outgoing</td>
<td>Fearful</td>
<td>Chases cats</td>
</tr>
<tr>
<td>Friendly to people</td>
<td>Chews</td>
<td>Reserved</td>
<td>Growls</td>
<td>Hyperactive</td>
<td></td>
</tr>
<tr>
<td>Friendly to other dogs</td>
<td>Shy</td>
<td>Affectionate</td>
<td>Fetch</td>
<td>Likes treats</td>
<td></td>
</tr>
<tr>
<td>Separation anxiety</td>
<td>Likes water/swimming</td>
<td>Jumps on people</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This dog does NOT like the company of:  Small Children _____ Other Dogs _____ Cats _____ Other ______

Please explain if any of the above are checked: ______________________________________________________________________________________

This dog is overly protective of: Family _____ Its food/toys/treats _____ Own property ______

How does this dog react to strangers? __________________________________________________________________________________

Has this dog ever Snapped_______ or Bitten ______ When/why? __________________________________________________________________________

The dog’s diet is: Canned ______ Semi-moist ______ Dry food ______ Brand of food given _______________________________

The dog’s feeding time is   A.M. ______ P.M. ______ or Throughout the day ______

Please list any medications he/she is currently taking: ________________________________________________________________

Is there anything else we should know about this dog? __________________________________________________________________________________