

DOG SURRENDER SHEET

Dog's Name: _____ Breed/Mix _____ Age _____

Color _____ Special Markings _____ Sex: Male Female

Neutered / Spayed: Yes No Do you have proof of vaccination? Yes No

How long has this dog lived with you? _____ Where did you get this dog? _____

Why are you surrendering this dog? _____

Is this dog ever kept outside? Yes No How long? _____

How many hours a day is this dog used to being alone? 1-3 hrs 3-6 hrs 6-9 hrs Other _____

Where do you leave the dog when no one is home? Crate Confined Area Basement Free run
 Other _____

How does this dog react to being left alone? _____

What is this dog's activity level? High Medium Low

Is this dog housebroken (Never goes in the house)? Yes No Is this dog paper trained? Yes No

How often does this dog have accidents?

Once a day Once a week Never Only when left alone too long Other _____

How does this dog react to bathing and/or brushing? Enjoys Tolerates Dislikes Never Tried

Have you ever trimmed this dog's nails? Yes No If yes, what was the response? _____

Is there any body part this dog does not like you to touch? Yes No

If yes, where does he/she not like to be touched?

Head Paws Tail Stomach Other _____

Does this dog bark when someone comes to the door? Yes No

What does this dog do when someone comes into the apt/house? _____

Has this dog had any obedience training? Yes No If yes, what kind? _____

Is the dog frightened of anything? Yes No If yes, What? _____

Are you able to approach this dog while he/she is eating? Yes No How does he/she react? Explain

Have you ever tried to remove items from this dog? Yes No If yes, What?

Food Bones Toys Other _____

What was the dog's reaction? Explain _____

Where does this dog sleep? _____

What ages of people is this dog used to living with?

Adult Men Adult Women Seniors Children (ages) _____

How would you describe this dog's behavior around children? Playful Jumps up Calm Avoids
 Growls Snaps at Shy Friendly Chases Tolerant Dislikes Outgoing

Would you recommend that this dog be placed with children? Yes No Ages? _____

How would you describe your household?

Active Noisy Quiet Average How many people daily? _____

Are there any types of people this dog is afraid of? Explain _____

Do you have other pets in your household? Yes No If yes, What kinds? Dog (M or F) Cat Bird Other

How does this dog get along with dogs? Hasn't been around many Plays (Park/Dog run) Barks - excitedly
 Barks/growls Doesn't get along with (M or F) Better on leash Better off leash

How does this dog get along with other pets? Explain _____

How many walks daily? _____ How much exercise (running) a week? _____

Does this dog have any known health problems or old injuries? Yes No Explain _____

How often do you feed this dog daily? _____ At what times? _____

What type of food is this dog fed? Canned Dry Table Food What brand? _____

What is this dog's favorite treat? _____ Toy? _____

3 Things you like/enjoy about this dog?

3 Things you would change about this dog?

Is there anything else we should know about this dog? If yes, please explain.

My Pet's Ideal home would be: _____