

Canine Surrender Profile

Dog's name: _____

Breed/breed mix: _____ Age: _____ Weight: _____

Sex (please circle): Male Female Is your dog spayed or neutered? _____ If so, when? _____

Who is your veterinarian? _____

Is your dog up to date on his/her vaccinations? _____ Date of rabies vaccination: _____ Tag#: _____

Where did you acquire your dog? _____

How old was he/she when you acquired him/her? _____

How long has this dog lived with you? _____

What type of food is your dog currently eating? _____

How often are you feeding your dog? Once daily _____ Twice daily _____ Other _____

Why are you surrendering your dog to the shelter? (Circle all that apply)

Behavioral problems Time commitment Family issues Health issues (yours or dog) Other

Please explain why you need to relinquish your dog in your own words _____

Check all that apply to describe your dog's personality:

Friendly__ shy__ independent__ fearful__ playful__ affectionate__ aloof__ aggressive__ overly reactive__

What is your dog afraid of? _____

Where is your dog sensitive about being handled? (ex: ears, feet, nose, etc.) _____

Where does your dog spend most of the time? Inside _____ Outside _____ Inside/Outside _____

Do you have a fenced in yard? _____ If not, do you have a tie-out or runner for your dog? _____ Electric fence? _____

How long is your dog left in your yard each day? _____

Do you take your dog for leash walks? _____ How often? _____ How does he/she walk on the leash? _____

How long each day is your dog left alone inside the home? _____ Is he/she free or confined? _____

If your dog is confined – how/where? _____

Is your dog crate trained? _____ Do you still use the crate? _____

Does your dog have accidents in the house? _____ If yes, how often? Daily _____ Weekly _____ Once in awhile _____
Urinate only _____ Defecate only _____ Both _____

Does your dog destroy things in the house or yard? _____ What items? _____ How often? _____

If your dog has accidents or destroys things, is it only when left alone? _____

Does your dog: run away _____ bark too much _____ jump up on people _____ dig in the yard _____ other _____

What does your dog do when:

A stranger/visitor knocks on the door? _____

The mailman or UPS man comes to your house? _____

A stranger/visitor comes into the house? _____

A stranger approaches you on a walk? _____

You or someone else goes near the food bowl while he/she is eating? _____

You or someone else tries to take away toys, rawhide, or anything else of value? _____

You or someone else tells him/her to get off the sofa or bed? _____

You or someone else gives him/her a hug? _____

You or someone else reprimands him/her? _____

Has your dog ever lived with children? Yes___ No___ If so, what ages? _____

Is your dog good with those children (friendly, tolerant)? Yes___ No___ If no, please explain _____

If your dog doesn't live with children, how often does he/she interact with children? _____

What does your dog do if:

A child is crying/screaming? _____

A child runs towards him/her? _____

A child tries to hug him/her? _____

A child touches/pets him/her? _____

He/she sees a child on a bike? _____

He/she sees a child running? _____

You pick up a child? _____

Has your dog ever snarled at you or anyone else? Yes___ No___ If yes, please explain the situation _____

Has your dog ever growled at you or anyone else? Yes___ No___ If yes, please explain the situation _____

Has your dog ever snapped at you or anyone else? Yes___ No___ If yes, please explain the situation _____

Has your dog ever nipped at you or anyone else? Yes___ No___ If yes, please explain the situation _____

Has your dog ever bitten (broken skin) on you or anyone else? Yes___ No___ If yes, please explain the situation _____

What other animals has your dog lived with? Dogs_____ Cats_____ Other_____

Did he/she do well with the house cat(s)?_____ Any issues?_____

Did he/she get along with the other dog(s)?_____ Any issues?_____

How does your dog react when he/she sees an outdoor cat?_____

How does your dog react when he/she sees a small animal like a squirrel?_____

How does your dog react when he/she sees another dog outside?_____

Is his/her behavior different when on leash compared to when off leash when seeing another dog?_____

Has your dog ever fought with another dog? Yes___ No___

Has your dog ever injured another dog? Yes___ No___

Have you ever taken your dog to a training class? Yes___ No___ OR have you trained him/her yourself? Yes___ No___

What kind of training have you tried? Choke chain___ Electric shock___ Treats___ Praise___ Clicker___

What behaviors does he/she know? Sit___ Down___ Stay___ Come___ Shake___ Roll over___ Other_____

What behaviors do you wish he/she knew?_____

What is your dog's favorite game or toy?_____

What is your dog's best quality?_____

What is your dog's worst quality?_____

Does your dog have any medical issues? Yes___ No___ If yes, please explain_____

Is your dog on any medication or special diet? Yes___ No___ If yes, please explain_____

If the SPCA deems it necessary to euthanize the animal you are returning or surrendering, would you like to be contacted? (Please note that in relinquishing this animal you are relinquishing all rights to the animal, and we offer this service as an optional courtesy that we are not obliged to provide.)

___Yes___ No Telephone number (____)_____

Would you like the new adopters to call you if they have any questions? Yes___ No___

Are you able to help make a donation? Yes___ No___ If yes, how much?_____

Thank you for taking the time to fill out this form. I swear that the information is true to the best of my knowledge and I have given all the information available to help the SPCA of Tompkins County find a loving, new home for this dog.

Signature:_____ Date:_____

STAFF USE ONLY:

Reviewed by:_____ **Date:**_____

Counseled about alternatives:_____ **Donation: \$**_____