

CANINE SURRENDER PROFILE

Please fill out this form as honestly as possible. This information will help us match your dog with his/her new forever family. The more information we are provided with allows us to make good matches for the pets left in our care. PLEASE PRINT CLEARLY!

Adoption Return

Public Guardian Surrender

Less than 90 days (return) Over 90 days (surrender)

Surrender Fee Paid

Guardian Name	
Full Address	
Phone Number	Email
Dog's Name	How long have you had the dog?
Age	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed / Neutered
Breed	

Why are you giving up your dog?

Moving Allergies Not Housetrained New Baby Too Much Energy No Time

Not getting along with other pets (explain): _____

Not getting along with family members (explain): _____

Behavior Issues: _____

Other: _____

How did you obtain this dog?

Wanderers' Rest Humane Association, Inc. Other Shelter/Rescue: _____

Newspaper / Internet Friend Breeder Found Stray

Gift Other: _____

Who was the dog living with?

To your knowledge, how many homes has this dog had before living with you?

Please list ages and sexes of the people this dog has lived with:

Would you recommend placing this dog in a home with young children?

- Yes! No! Not Sure...

Please Explain: _____

If this dog has lived with young children, how did they interact? (Check all that apply)

- Dog actively avoided children Dog growled at child Child could pet the dog
 Ignored each other Played together Gentle/Affectionate
 Jumps on / Knocks over Other: _____

Please tell us what other animals your dog has lived with (Check all that apply):

- Male dog(s): # _____ Female dog(s): # _____ Cat(s): # _____
 Other pet(s): _____ Never lived with other animals

What has been your dog's experience with other dogs in your home or outside of your home? (Check all that apply)

- Bullies Frightened of Friendly/Playful Ignores Shy
 Never around other dogs Growls/Snaps Curious Unknown
 Lunges on leash Other _____

Would you recommend placing this dog in a home with other dogs?

- Yes! No! Not Sure...

Please Explain: _____

What has been your experience with any opportunities your dog has had to interact with cats (Check all that apply)

- Bullies Frightened of Friendly/Playful Ignores Chases
 Never around cats Has Injured/Killed Curious Gentle
 Barks/Lunges Other _____

Would you recommend placing this dog in a home with cats?

- Yes! No! Not Sure...

Please Explain: _____

Where is the dog kept at home?

When you are home? Inside Outside Goes in and out

When you are away from home? Inside Outside Goes in and out

How long is your dog left alone? For _____ hours

When the dog is inside, he/she is: Roaming Freely Kept in a room
 In a crate Other: _____

When outside, how is he/she confined: Fenced yard Fenced dog run (size _____)
 Electric Fence No confinement
 Tethered by chain or cable
 Garage Other: _____

When alone, how does he/she behave? Rests Plays Paces
 Chews Whines Howls
 Digs Barks Tries to escape
 Other: _____

Where does the dog sleep? Inside / Where? _____ Outside / Where? _____

Housetraining Information

Is this dog housetrained? Yes No

Does this dog have accidents Yes No Urine Feces Both

When does this dog have accidents?

- Frequent accidents, even when people are home
- Only has accidents when left alone over _____ (length of time)
- Only has occasional accidents. Explain: _____

Where does your dog go to the bathroom? Yard Walks Potty Pads
 Other: _____

Is your dog crate trained? Yes No

When is the dog in its crate? _____

How much time is the dog in the crate? _____

What type of crate? Wire Plastic Other: _____

Does the dog have accidents in the crate? Yes No

Other: _____

Feeding Information

What type of food does this dog eat?

Dry kibble only Brand: _____

Canned food only Brand: _____

Dry and Canned Brands: _____

Special Diet: _____

How often and how much does this dog eat?

1x day / Amount: _____ 2x day / Amount: _____

Free Fed / Amount: _____ Other: _____

Does this dog have any favorite treats? _____

Training Information

Which behaviors is this dog familiar with? (Check all that apply)

Sit Down Stay Come Heel Shake

Others: _____

Leash walking behavior (Check all that apply):

Pulls on leash Walks politely on leash No exposure to a leash

Other: _____

What training equipment is the dog used to? (Check all that apply)

- Harness Gentle Leader Choke Chain Pinch/Prong Collar
 Other: _____

Has this dog had obedience training? Yes No

What type of training? _____

How do you discipline the dog? Verbal correction Physical Correction
 Other: _____

How does he/she respond to this discipline? _____

Exercise Information

Does this dog get exercise/play time with you? Yes No

How often? Daily Few times per week Once per week
 Once per month Never

How long does your dog exercise? 15 min ½ hour 1 hour
 Other: _____

Where does your dog get its exercise? Yard only Leashed walks Dog Park
 Off leash play Other: _____

Does your dog play with other dogs? Yes No Resident Dog Dog Park

Does your dog like playing with other dogs outside of the home? Yes No
 Resident dog only

Behavior Information

Does your dog have any behavior issues that a new adopter should be aware of? (check all that apply)

- Barking Nipping Needy Destructive behavior
 Jumping on people Aggressive towards people outside of home
 Aggressive towards other dogs OFF leash ON Leash
 Aggressive towards visitors to home Aggressive towards other animals: _____
 Other _____

Is your dog scared of (check all that apply):

- Men Women Children Strangers Thunder Fireworks
 Vet Groomer Riding in the car Bathing Loud noises
 Brushing Nail Clipping Other animals: _____
 Other: _____

When walking on leash, does your dog bark at (check all that apply):

- Dogs Cats Jogger Bicycle Motorcycle
 Skateboard People Other: _____

If your dog chews, what does he/she chew on (check all that apply):

- Furniture Socks/Clothing Chew toys Doors/Windows
 Only when owner is not home Fences
 Rawhides/Bones Does not chew Other: _____

Does your dog bite or growl when you touch his/her food, treats, or toys? Yes No

If yes, explain: _____

Has your dog ever bitten, growled, or snapped? Yes No

If yes, explain: _____

If there is a bite history, when did the bite occur? _____

*Please note that we cannot adopt out pets that have a bite history. All bites that have occurred within 10 days will be reported to the county Department of Health.

How would you characterize this dog overall (check all that apply)?

- Calm Excitable Hyper Cuddly Confident Outgoing
- Stubborn Smart Shy Fearful Nervous Dependent
- Independent Happy Clingy Protective of family
- Protective of home Easy going
- Other: _____

Veterinary Information

Name of Veterinarian or Clinic: _____

Date of last visit: _____

Current on vaccinations: Yes No

Has heartworms? Yes No Unsure

In the last 30 days, has your dog had (check all that apply):

Coughing Sneezing Vomiting Diarrhea

In the last 30 days, has your dog been to a boarding facility or doggy daycare? Yes No

Does your dog have any current, previous, or recurring medical problems? Yes No

If yes, explain: _____

Other Information

Please list any other information that you feel would be helpful for us or for a new owner. This will help us make the best possible match for a new family.
