

CHS Reference # _____

Date: _____

Dog Surrender Profile

Dogs can't talk, so they can't tell us where or with whom they would like to live. To ensure that his or her new home is a safe, happy and appropriate place for your dog to live, we need you to fill out this form as much detail as possible. Detailed and honest information from you is crucial to our placement process, so please take the time to fill in this profile with care and accuracy. If you need more space for an answer, please continue your response on the back of the page, using an arrow to indicate that you have done so.

Undesirable behaviors and medical issues do not necessarily create problems in placement, however, not disclosing those problems definitely does. Dishonest or incomplete response can undermine the safety and happiness of both your dog and the new adopting family. If there are any questions that are unclear or that you are uncomfortable responding to for any reason, please ask to speak directly to one of our hopeful staff members about the issue.

If we could help you resolve this issue, would you be interested in keeping this dog?

General Information

1. Shelter Arrival Date: _____
2. Dog's Name: _____
3. Dog's age: _____
4. Sex: _____
5. Male: _____ Female: _____
6. What breed(s) is this dog? _____
7. Is the dog spayed/neutered? _____

Breeder Information

8. Name and location of breeder? _____
9. Did you sign a contract with this breeder? _____
10. Have you informed the breeder of your inability to keep this dog? _____

Organization where animal was purchased

11. Name and location of shelter? _____
12. Name and location of pet store? _____
13. Family member, relationship to you (mother, brother, etc)? _____
14. Found as a stray? Please describe the circumstances of finding the pet.

15. Free as in paper? Please describe the ad.

16. Other:

17. To your knowledge, how many homes has this dog had, including yours? _____

18. Why are you unable to keep this dog? Please list as many reasons as needed. _____

19. Have you tried to find a home for this dog on your own? _____

20. Does this dog have a microchip? If so, what brand? _____

Lifestyle

21. Please check all the animals that the dog has *lived* with:

Male dogs: Female dogs: Small animals (what kind?)

Male cats: Female cats: Farm animals (what kind?)

Other (please explain):

Behavior

22. Describe the dog's behavior around dogs (check all that apply):

Never been around cats: friendly/playful: Gentle/submissive:

Bossy: Frightened: Roughhouses:

Ignores or is indifferent: Aggressive with all dogs:

Aggressive with same sex dogs: Starts off "on the wrong foot" when meeting other dogs:

Have excellent "canine" manners when meeting other dogs:

Other (explain):

29. Does the dog run after cars, bikes or pedestrians or anything else: _____
If yes, what will the dog do when he/she gets to them?

30. Please describe any problems you encountered confining the dog:

31. Please list 4-5 places, aside from the veterinarian, that the dog visits on a regular basis:

32. Has the dog ever been kenneled at a (Check all that apply):

- Private boarding facility: Veterinarian: Animal Shelter:
 Pet Sitter: To home/away:

How did the dog react to being boarded? _____

33. Where does the dog sleep at night? (please check all that apply):

- Loose inside home: Confined to one room: In Garage:
 Outside: In child's bedroom: In adult's bedroom:
 On "people" bed: On dog bed: On couch or chair:
 Crate:

Other (please explain): _____

Manners & Training

34. Did you attend training classes? Yes: No:

If so, where? _____

35. What additional training/performance activities did you participate in with your dog? (check all that apply):

- Agility: Obedience (Pup, Basic, Intermed):
 Work Dog: Guard dog:

Other (please explain): _____

36. Please check box if the dog has done any of the following:

Growled: Snapped: Bitten:

If so, at whom? _____

(check all that apply):

Adult family members: Children family members: Strangers at door:
 Visiting adults: Visiting children: Vet or groomer:
 Dogs or people near his/her sleeping area: Dogs in his/her home:
 Pedestrians: Dogs or people near his/her food: Wildlife:
 Dogs out of home: People in uniform
 Dogs or people in his/her personal space: Neighborhood pets:

37. Please describe the circumstances in detail:

38. Is this dog housetrained? Yes: No:

If not, please check all that apply:

Dog urinates inside home daily: Urinates inside home occasionally:
 Defecates inside home daily: Defecates inside home occasionally:

39. Do your dog's housetraining accidents most often happen when (check all that apply):

When dog is not closely supervise: when dog is not kept on a schedule:
 When dog is overexcited: when dog signals to be let out and is ignored:
 When dog is sleeping: Other: _____

40. How have you dealt with this problem? (check all that apply):

Paper training: Confined the dog: Kept dog outside:
 Rubbed nose in it: Made dog feel guilty: Consulted vet or trainer:
 Hit dog: Made dog feel guilty: Acted "mad" at dog:
 Consulted vet, trainer or shelter: Blamed myself: Read on housetraining methods:

Other:

41. Did you crate train the dog? _____

If yes, how long did the dog spend in the crate each day? _____

42. Can this dog be left alone in the house for 8 hours a day without issues? _____

If no, why not? _____

43. Is the dog destructive if left alone inside the home? (Check that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Chews woodwork/walls: | <input type="checkbox"/> Chews paper or trash: | <input type="checkbox"/> Chews furniture: |
| <input type="checkbox"/> Chews toys/stuffed animals: | <input type="checkbox"/> Chews clothing/shoes: | <input type="checkbox"/> Chews plants: |
| <input type="checkbox"/> Chews windows or doors: | <input type="checkbox"/> Chews objects (which objects?) | |

Other: _____

44. Does the dog raid the trash or get into other similar mischief? _____

45. Will the dog "steal" unattended food and objects from tables/counters? _____

If so, how have you handled this problem?

46. Please tell us about the **desirable** tricks and habits you have taught your dog to do?

(check that apply):

Basic obedience commands walk on a loose leash: Come when called:

- | | | |
|---|--|---|
| <input type="checkbox"/> Play fetch: | <input type="checkbox"/> Shake or similar cute tricks: | <input type="checkbox"/> Ride nicely in car: |
| <input type="checkbox"/> Get on and off furniture when invited: | <input type="checkbox"/> Takes treats gently: | |
| <input type="checkbox"/> Go to his/her bed when asked: | <input type="checkbox"/> wait for food: | <input type="checkbox"/> Greet visitors politely: |

Other (please describe):

47. Please describe the dog's barking habits? (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Barks inside: | <input type="checkbox"/> Barks outside: | <input type="checkbox"/> Barks at strangers inside: |
| <input type="checkbox"/> Barks at strangers outside: | <input type="checkbox"/> Barks at other animals: | <input type="checkbox"/> Barks when home alone: |
| <input type="checkbox"/> Barks for attention: | <input type="checkbox"/> Barks during play: | <input type="checkbox"/> Barks when lonely: |
| <input type="checkbox"/> Barks for attentions and is rewarded: | <input type="checkbox"/> Rarely barks: | |
| <input type="checkbox"/> Barks in car: | | |

Other (please explain):

48. What words does your dog understand and associate with a particular behavior?

- | | | |
|---------------------------------|--------------------------------|------------------------------------|
| <input type="checkbox"/> Sit: | <input type="checkbox"/> Stay: | <input type="checkbox"/> Down: |
| <input type="checkbox"/> Heel: | <input type="checkbox"/> Come: | <input type="checkbox"/> Leave it: |
| <input type="checkbox"/> Drop: | <input type="checkbox"/> Wait: | <input type="checkbox"/> Off: |
| <input type="checkbox"/> Fetch: | | |

Doesn't know any commands: _____

Other (explain): _____

49. How often do you work with your dog on training?

- Everyday: Several times per week: Once a week or less:
 Never:

50. Please describe the reward system you use: _____

51. Is the dog permitted to sit and/or sleep on furniture? _____

Does he/she get off furniture when asked without protest? _____

If no, please describe behavior:

52. Describe the dog's behavior in the car:

- Loves it: Hates it: Tolerates it:
 Afraid, but ok: Calm: Car sick:
 Protective of car: Destructive: Dog never rides in car:

Other (please explain):

53. How does the dog react to being handled or corrected by the collar? (Check all that apply):

- Growls or barks: Offers strong resistance: Cowers or acts frightened:
 Backs out of collar: Acts calm and accepting: Lies down:
 Snaps or bites: Yelps or cries: Other:

54. Does the dog beg at the table or in the kitchen? _____

If so, this behavior rewarded with food? _____

55. Is the dog protective or possessive of any of the following?

- Of food (to other pets): Of toys (to other pets): Of his/her body:
 Of food (to people): Of toys (to people) Of owner/family:
 Of property:

Other explain): _____

56. Please check all of the following that frighten this dog:

- | | | |
|--|--|--|
| <input type="checkbox"/> Men: | <input type="checkbox"/> Women: | <input type="checkbox"/> Babies or toddlers: |
| <input type="checkbox"/> School-age children: | <input type="checkbox"/> Teenagers: | <input type="checkbox"/> Unpredictable Children: |
| <input type="checkbox"/> Loud Voices/yelling: | <input type="checkbox"/> Strangers/Visitors: | <input type="checkbox"/> Water: |
| <input type="checkbox"/> People in uniform: | <input type="checkbox"/> Erratic or sudden movement: | <input type="checkbox"/> Cars: |
| <input type="checkbox"/> Thunder/lightening: | <input type="checkbox"/> Vacuums: | <input type="checkbox"/> Brooms: |
| <input type="checkbox"/> Veterinarian/groomer: | <input type="checkbox"/> Fireworks/load noises: | |

Other (explain): _____

56: What undesirable traits does your dog have (check all that apply): So that a new family is aware of them:

- | | | |
|---|---|--|
| <input type="checkbox"/> Licks people: | <input type="checkbox"/> Barks for food or attention: | <input type="checkbox"/> Drools: |
| <input type="checkbox"/> Jumps on people: | <input type="checkbox"/> Runs out door unexpectedly: | <input type="checkbox"/> Steals clothing or shoes: |
| <input type="checkbox"/> Wanders away from house or yard: | | <input type="checkbox"/> Follows me everywhere: |

Other (please describe): _____

57. How have you tried to correct or discourage these behaviors? _____

Health and grooming: _____

58. Did the dog see a veterinarian on a regular basis (at lease once a year)? _____

59. How did the dog react to going to the vet? _____

60. Does the dog need to be muzzled at the vet? _____

61. Has this dog ever been diagnosed or treated for any of the following by veterinarian (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Thyroid disease: | <input type="checkbox"/> Lyme disease: | <input type="checkbox"/> Heartworm disease: |
| <input type="checkbox"/> Environmental allergies: | <input type="checkbox"/> Skin allergies: | <input type="checkbox"/> Irritable-bowel: |
| <input type="checkbox"/> Cancer: | <input type="checkbox"/> Arthritis: | <input type="checkbox"/> Hip Dysplasia: |
| <input type="checkbox"/> Separation anxiety: | <input type="checkbox"/> Lupus: | <input type="checkbox"/> Chronic ear/eye infections: |
| <input type="checkbox"/> Entropian/Ectropian eye: | <input type="checkbox"/> Cataracts: | <input type="checkbox"/> Heart murmur: |

Other major illness/condition (explain):

62. Does the dog require any medication on a regular basis? Please list and explain:

63. Does the dog like to be brushed? _____

64. Does the dog like to be bathed? _____

65. Are there places on the dog's body he/she does not like to be touched, brushed or petted? Please explain:

66. Has the dog ever been professionally groomed? _____

If so, how did the dog behave? _____

Diet, Exercise and Play

67. What brand of dog food did you feed? _____

68. How often did you feed, and how much? _____

69. Did you use dry food for wet food, or a combination? _____

70. Is the dog regularly fed scraps from the table or "people food"?

Yes? No?

71. Does the dog receive "treats" on a regular basis?

Yes? No?

If so, what kind? _____

72. Does your dog have allergies or sensitivities to any grains or common food ingredients?

If so, which grains or ingredients? _____

Is there a particular type/brand of food or a specific feeding regimen that has helped?

73. Are there any comments you would like to add about the dog's diet?

73. What are the dog/s favorite kinds of toys (check all that apply)?

Tennis ball/rubber ball: Frisbee:

Rope toys: plastic bottles:

Children's toys: shows no interest in toys:

74. What does your dog do with his or her toys (check all that apply)?

Carries toys around in mouth: Shreds/tears them apart:

Tosses, chases or whips back and forth by himself: Chews them:

Tosses, chases or plays tug of war with owner: Retrieves for owner:

"Comfort" behaviors (licking, nursing or cuddling) Buries or hides them:

Plays "keep away"?

Other (explain): _____

75. What type of exercise does the dog get on a regular (several times a week, at least) basis?
- Walking on leash: Running of leash: Accompanies owner jogging:
 Swimming: Dog park:
 Accompanies owner walking or hiking: Vigorous play:
 Plays with other dogs: No exercise at all: Plays w/kids:
 Plays with adults: Agility or herding work:
- Other: _____

76. Does your dog get the chance to exercise to the point of getting tired:
- Never: once a week or less: several times per week:

77. What types of play/exercise does your dog seem to enjoy the most?

Play

78. Describe your dog's play style with adults (check all that apply):

- Plays gently: Does not use teeth or body strength:
 Plays roughly but stops but stops when told: Jumps and uses mouth in play:
 Plays very physically: Games quickly escalate out of control:
 Prefers to chase: Just likes to hang out: Tends to herd:
 No interest in playing with people: Tends to herd:
 Can play with more than one dog at a time: Tends to nip:
 Cannot play with more than one dog at a time:
 Respectful-understands that I am in control:

Other (please describe):

79. Please describe how your dog plays with other dogs (check all that apply):

- Plays chase with little or no body contact: Plays hard with hip checks and body slams:
 Herds or nips others to get them to move: Adapts to whatever play style other dogs have:
 Likes to play with dogs who are gentle: Will play with all dogs:
 Jas to be in charge in play situations: Barks constantly:
 Hangs out with other dogs rather than play: Does not enjoy playing with other dogs at all:

Experience with Children

If your dog has never lived with or regularly visited with children, you may skip forward to the next section. Otherwise, please take the time to complete this section with accurate information so that we can make a safe and responsible placement with children in a new home, your attention to detail is expected and appreciated.

80. Did your dog live with children in your home? _____
If yes, what were the ages of the children? _____
81. Would you recommend this dog live with children: _____
Describe why or why not: _____
82. Did your home have children as visitors on a regular basis? _____
If yes, what were the ages of the children? _____
83. Would you recommend this dog be placed in a home where children or grandchildren visit on a Regular basis: _____
84. Were all interactions between dog and child(ren) supervised by an adult? Please explain:

85. In your opinion, what age children would live happily and safely with this dog?
- | | | |
|--|---|--|
| <input type="checkbox"/> Never been around children: | <input type="checkbox"/> Friendly/playful: | <input type="checkbox"/> Nervous/frightened: |
| <input type="checkbox"/> Gentle: | <input type="checkbox"/> Aggressive: | <input type="checkbox"/> Snappy at times: |
| <input type="checkbox"/> Too active: | <input type="checkbox"/> Indifferent: | <input type="checkbox"/> Excited: |
| <input type="checkbox"/> Adores children: | <input type="checkbox"/> Watches over children: | <input type="checkbox"/> Actively avoids children: |
| <input type="checkbox"/> Does not trust children: | <input type="checkbox"/> Unpredictable: | <input type="checkbox"/> Other: |
86. Please describe your children's around the dog the majority of the time (check all that apply):
- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Respectful: | <input type="checkbox"/> Gentle: | <input type="checkbox"/> Nervous/frightened: |
| <input type="checkbox"/> Active: | <input type="checkbox"/> Adored dog: | <input type="checkbox"/> Included dog in everyday activities: |
| <input type="checkbox"/> Loving : | <input type="checkbox"/> Indifferent: | <input type="checkbox"/> Abusive: |
| <input type="checkbox"/> Bored with dog: | <input type="checkbox"/> Avoided dog: | <input type="checkbox"/> Unpredictable: |
- Treated dog as beloved family member:
Other: _____

87. Please answer these questions about your dog's behavior around children and food:

Did your child regularly offer food/treats to the dog? _____

Will dog take treats offered by child gently? _____

Does the dog hover nearby when your child has food? _____

Have your children fed or watered your dog on a daily basis? _____

Do you have any additional comments about your dog concerning children and food?

Please explain:

88. Please answer these questions about children touching or being groomed by children:

Does the dog accept being brushed or petted by children? _____

Will the dog comfortably accept "examination" by children younger than 6 years old (having ears lifted and tugged, having eyes touched, tail held or grabbed, fur "scrunched" or grabbed fur "scrunched" or grabbed by children's hands)? _____

Has a child ever tripped over, stepped on, or fallen on your dog? What was the dog's reaction?

Explain: _____

Do you have any additional comments about your dog being touched or groomed by children?

89. Please answer these questions about your dog, children and exercise or play:

Has your dog ever been walked by a child? Please describe the situation and its frequency.

Has your dog ever been teased or taunted by a child? Please describe the situation.

Please describe your dog's most likely reaction to the following happening around him/her:

A child running: _____

A child falling down: _____

A child jumping, hopping, ext.: _____

A child yelling or shrieking: _____

A child swimming: \a child waving arms or other unexpected movements:

Do you have any additional comments concerning your dog exercising or playing around children?

90. Please answer these questions about your dog sleeping or resting around children:

How will your dog react to a child approaching when he/she is sleeping or resting around children:

How will your dog react to a child approaching when he/she is sleeping? _____

Did your dog ever regularly sleep in a space accessible by children? _____

Is your dog possessive or guarded about where he or she sleeps? _____

Do you have any additional comments concerning your dog sleeping or resting around children?

Would you like to add anything? _____

91. Are there any additional comments you would like to add about the dog that would be helpful to families considering adopting him or her?
