

GREATER HILLSDALE HUMANE SOCIETY

DOG SURRENDER RECORD

Name of Dog: _____ Age: _____ Date: _____

Completing this information will help us get to know the dog better

Reason for surrendering this dog: _____

How long have you had this dog? _____ Where did you get this dog? _____

Is the dog: Spayed (F) _____ Neutered (M) _____

Did you get your pet from a rescue or animal shelter? If so, please list name here: _____

What veterinary hospital have you used? _____ May we contact them? Yes No

Does your dog have accidents in the house? Yes ___ No ___ Crate trained? Yes No

If yes, how often? _____ Defecate ___ Urinate ___ Both ___

How long can the dog "hold it" ? _____

How does the dog let you know it needs to go outside? _____

How long is the dog left alone? Never ___ 1-3 hrs ___ 4-8 hrs ___ 8-12 hrs ___ 12+ hrs ___

When alone, is the dog? Outdoors ___ Free in house ___ Confined to a room ___ Crate ___

This dog lives: Exclusively indoors ___ Indoor/Outdoor ___ Exclusively outdoors ___

Where does dog sleep at night? _____ Is the dog permitted to sleep on the furniture? Yes No

The dog's favorite toys and activities are: _____

Has this dog lived in the same house with: Other dogs ___ Cats ___ Birds ___ Other ___

Are there children in the home? Yes No If yes, how many? _____ Ages: _____

Is this dog good with: Other dogs ___ Cats ___ Children ___ Other ___

Has this dog ever shown any signs of aggression? Yes No If yes? Biting ___ Snapping ___ Growling ___

Food aggression ___ Aggression with other animals ___ Aggression towards people or children ___

Was the aggression provoked? _____

When left alone, does the dog? Destroy household items ___ Urinate/Defecate ___ Bark ___ None ___

Has the dog had obedience training? _____ Does the dog know any commands? _____

Circle as many of the following that describes the dog's behavior and habits:

Roams Friendly to other dogs Barks a lot Outgoing Walks on a Leash Playful Enjoys Car Rides Active Calm

Submissive Urination Jumps on People Independent Shy Likes Children Likes Men Hyperactive Digs Jumps Fences

Separation Anxiety Likes Treats Fearful Escapes Yard Plays Fetch Friendly to People Likes Water/Swimming Nervous

Gets in Garbage Destroys Furniture Eats Household Objects Chases Cars Likes Women Chews Affectionate Chases Cats

The dog's diet is: Wet ___ Dry ___ Semi-wet ___ Brand of food _____

The dog's feeding time is: A.M. ___ P.M. ___ Free feed throughout the day _____

Has the dog been vaccinated? Yes No When? _____

Does the dog have any medical conditions that you are aware of? _____

Is the dog on heartworm prevention? Yes No Brand _____ Flea prevention Yes No Brand _____

Other medications he/she is currently taking? _____

What are some wonderful, special traits or habits that you would like his/her new family to know? _____

Office Use Only: Dog ID: _____ Pen Number: _____ Employee Initials: _____