

CARES

DOG SURRENDER QUESTIONNAIRE

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Please complete this form as accurately as possible. No one knows your dog and loves your dog the way you do. To help us find the best new home for your dog, please provide as much detail as possible about the likes, dislikes, history and veterinary care of your canine friend. Behavioural and medical issues do not necessarily create problems but failing to disclose them, certainly does. Your honesty is greatly appreciated and will assist us with this next chapter of his/her life.

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Name of dog: _____ Dog's Birthdate/Approx. Age: _____

Sex: _____ Spayed/Neutered: _____

Does your dog have identification? _____

Microchip; if so who is it registered to? _____

Tattoo; if so where is it located? _____

How long has your dog lived with you? _____

Why are you surrendering your dog?

If the reason is behavior, explain the behavior and what you have attempted to try to resolve the issue?

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

- Originally, how did you acquire your dog?
- Animal shelter
- Breeder
- Stray
- Friend/family
- Advertisement or online ad (Craigslist/Marketplace)
- Pet store
- Born in my home

YOUR DOGS LIFESTYLE

How many hours is your dog left alone?

How many hours a day does the dog interact with people?

Where does your dog stay when you are not home?

- House, free reign
- House, contained
- Outside, free reign
- Outside, contained
- Outside kennel
- Other: _____

Explain how your dog is confined to your property went outside?

- Fenced yard
- Electronic pet containment
- Kennel
- Tied out with chain or runner
- Dog house
- Never outside

Do you have a fully fenced yard? Yes No

If yes, please check all that apply:

- Chain-link
- Wood
- Invisible fence
- Brick/ Concrete
- Fence height?

Where does the dog sleep at night? Check all that apply:

- inside the house
- In the garage
- Outside
- Childs room
- On my bed
- On a dog bed
- Confined to one room
- In adult room
- Crate
- Chair or couch/furniture
- Other: _____

Would you trust your dog loose in the house on supervised? Yes No

Is this dog house~trained? Yes No

If no, check all that apply:

- Urinates inside the home daily
- Urinates inside the home occasionally
- Defecates inside the home daily
- Defecates inside the home occasionally

If there are house accidents, when do they occur?

- When the dog is over excited
- When the dog is not kept on the schedule

- When the dog needs to be let out and is ignored
- When the dog is left alone for too long
- When the dog is sleeping
- Other _____

Did you crate train the dog? Yes No

If so how long does the dog spend in the crate each day? Yes No

Can your dog be left outside on supervised? Yes No

Is your dog permitted to sit/sleep on furniture? Yes No

Does the dog jump up on people when greeting them? Yes No

Is the dog constantly underfoot when food is present? Yes No

Does the dog beg at the table or in the kitchen? Yes No

If yes is the behavior rewarded with the food? Yes No

Behaviour & Training

Please tell us about the tricks and habits you have taught your dog, check all that apply?

- Basic obedience command
- Come when called
- Play search
- Walk on a loose leash
- Ride nicely in a vehicle
- Greet visitors politely
- Accept treats gently
- Get off the furniture when requested
- Wait for food
- Other: _____

Does your dog run after cars, bikes or pedestrians? Yes No

Describe the dogs behaviour in the car, check all that apply.

- Loves it
- Calm
- Apprehensive but okay
- Protective of vehicle
- Nervous
- Hates it
- Tolerates it
- Dog never rides in vehicle
- Other: _____

Does the dog raid the rubbish or other similar mischief? Yes No

Will the dog steal unattended food/objects off from tables/counters? Yes No

How does your dog walk on a leash?

- Loosely
- Pulls a little
- Pulls a lot
- Never been on a leash

Please check the following that frighten your dog:

- Babies or toddlers
- Men
- Women
- School age children
- People in uniform
- Unpredictable children
- Vacuums
- Fireworks
- Thunder/lightning
- Loud voices/yelling
- Loud noises or bangs
- Veterinarian/groomer
- Water

Other: _____

Other Animals

Please check all the animals that the dog has lived with:

- Male dogs
- Female dogs.
- Male Cats
- Female cats
- Small farm animals
- Livestock

Other: _____

Do you consider your dog to be dog friendly? Yes No

Do you consider your dog to be cat friendly? Yes No

Has your dog been around livestock? Yes No

What kind? (ex. Chickens, goats, horses, cattle):

Children & Family

Has your dog ever lived with children? Yes No

What ages of children? Check all that apply:

- Under 6
- 6 to 11
- 12 to 16
- 16 and older.

Will the dog accept hands-on? Yes No

Ears played with and lifted? Yes No

Hugged? Yes No

Having tail pulled or grabbed? Yes No

Fur scrunched or grabbed by children's hands? Yes No

Will your dog react to a child approaching when here she is sleeping? Yes No

Would you recommend this dog to live with children? Yes No

Would you recommend this dog to live children visit on a regular basis? Yes No

Does your dog tolerate meeting new children? Yes No

Will the dog allow children to touch their food without getting upset? Yes No

Does the dog try to take food from children when it does not offered? Yes No

Will the dog take treats gently from a child? Yes No

Have your children fed or watered the dog on a daily basis? Yes No

Health, Grooming & Diet

Does this dog see a veterinarian on a regular basis, (at least once a year)? Yes No

Is the dog current on vaccinations? Yes No

If not which vaccinations are due? _____
(Distemper, Bordatella/Kennel cough, Parvovirus, Parainfluenza, Rabies)

Is your dog comfortable at the vet or groomer? Yes No

Does your dog take any medication on the regular basis? Yes No

If yes, for what condition? _____

Please list the medication: _____

Does the dog allows you to clip his /her nails? Yes No

Does the dog like to be brushed? Yes No

Are there areas on the dogs body that he /she does not like being brushed or petted? Yes No

If yes where? _____

Has this dog ever been hit by a car or required major surgery? Yes No

If so, what happened and when? _____

Has your dog ever been diagnosed/treated for any of the following (not including preventative) medications? Check all that apply:

Heartworm disease.

Lyme disease.

Heart murmur.

Tumours.

Absence epilepsy or seizures.

Skin allergies.

Thyroid disease.

Cancer.

Arthritis.

Cataracs.

Irritable bowel.

Lupus.

Food allergies.

Environmental allergies.

Hip/elbow dysplasia.

Ear infections.

Skin infections.

Other illness or condition: _____

What brand of food does your dog eat? _____

How much and how often? _____

What are your dogs favourite treats? _____

Would you consider your dog to be a picky eater? Yes No

If so, to what foods? _____

Does your dog have any diagnosed allergies/sensitivities to any grains or particular ingredients? Yes No

Is your dog on any flea treatment? Yes No

If yes, what brand? _____

Bark & Bite History

Has your dog snapped and not made contact? Yes No

Has your dog bitten and left a mark? Yes No

Has your dog bitten and left a bruise? Yes No

Has your dog bitten and broken skin? Yes No

Does your dog bark/growl at adult or child family members, strangers, or visitors? Yes No

Does your dog growl, snap or bite people approaching their area, toys or food? Yes No

Does your dog growl, snap or a bite at other animals approaching their food, area, toys? Yes No

Does your dog bark when left unattended and what methods have you utilised to curb this behaviour? Yes No

Exercise & Play

What are the dogs favourite kinds of toys? Check all apply

Shows no interest in toys

Frisbee

Rocks

Plastic bottles

Tennis/rubber balls

Rope toys

Children's toys

Plush/stuffed toys

Kong

Squeaky toys

Shoes/boots

Other: _____

What does your dog do with his/her toys? Check all that apply:

- Carries around in mouth
- Tears/shreds apart
- Tosses or whips back-and-forth
- Plays, "keep away"
- Chews them
- Retrieves for owner
- Buries or hides them
- Comfort behaviour (licking, cuddling, sucking)
- Other: _____

What type of exercise does the dog receive on a regular several times a week, basis?

- Accompanies owner on running or jogging.
- Walking on a leash
- Vigorous play
- Running on a leash
- Swimming.
- Plays with other dogs
- Plays with kids
- Plays with adults
- Agility or hurting work
- Accompanies owner on walks and hiking
- No exercise at all
- Doggy day care
- Other: _____

Describe the dogs play with people, check all that apply:

- Plays gently
- Does not use teeth or body strength
- Plays fetch
- Prefers to chase
- Tends to herd
- Tends to nip
- Jumps and uses mouth (on toys or people)
- Plays physically
- Games quickly escalate out of control
- No interest
- Other: _____

What do you love most about your dog? Please describe endearing qualities, favourite characteristics or habits.

What else would you like us to know about your dog?

DATE: _____

Name & Signature: _____

Thank you for completing this long and through questionnaire. (One more page)!

Will you allow us to retrieve veterinary records of your dog? Yes No

Please list the veterinary name & address:

I allow CARES to obtain full access of my dog's veterinary records from the listed veterinary clinic

DATE: _____ SIGNATURE: _____