



Canine Surrender Form

Staff Initials

Date

Intake Information

Dog's Name Breed/Breed Mix

Age Weight Sex M F Fixed? Yes No

Date of Spay/Neuter Operation Dog's Veterinarian

Up to date on Vaccines? Yes No Still needed/missed

Date of Rabies Vaccination Tag #

Where did you acquire your dog?

How old was your dog at the time of acquisition?

How long has your dog lived with you?

Why are you surrendering your dog to SPCA-NN? (Check all that apply)

Behavioral Problems Time Commitment Family Issues Housing Issues

Medical Problems (Yours or Dogs) Other, please specify:

Please explain why you need to relinquish ownership of your dog in your own words.

Dog Assessment

Check all of the following that describe your dog's personality.

Friendly Shy Independent Fearful Playful
 Aloof Aggressive Overly Reactive Affectionate

In your own words, describe your dog's personality.

Describe your ideal home or lifestyle for your dog.

What is your dog afraid of?

Describe your dog's reaction to these fears.

Please check all that your dog is uncomfortable with or fearful of. Women Men Children Infants None

Describe your dog's reaction.



Where is your dog sensitive about being handled? Ears Paws Back Head Other:

Describe your dog's reaction.

When does your dog become irritated?

Describe your dog's reaction.

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

How long each day is your dog left alone inside the home?

Is your dog free or confined? Free Confined For how many hours typically?

If dog is confined, please specify how and where.

Is your dog crate trained? Yes No Do you still use the crate? Yes No

Does your dog have accidents in the house? Yes No

If yes, how often? Daily Weekly Once in a while

Nature of accident? Urine Feces Both

Does your dog destroy things in the house when left alone? Yes No What items?

If yes, how often? Daily 1-2 times a week 1-2 times a month Occasionally

If your dog has accidents or destroys things, is it only when left alone? Yes No

Do you have a fenced in yard? Yes No If not, do you have a tie out or runner? Yes No

Electric fence? Yes No How long is your dog left in yard each day?

Has your dog escaped from the house or yard before? Yes No How many times?

If yes, how? Jumping Digging Climbing Dog opened door/gate

Door/gate was left open Other:

Has your dog jumped a fence? Yes No How high was fence?



What kind of fence was it? (Ex: wood, chain link, etc)

Do you take your dog for leashed walks? Yes No How often?

What kind of collar do you use? Buckle Collar Body Harness Head Halter

E-collar Choke Chain Prong Collar

How does your dog walk on the leash? Fine Pulls Other:

How do you exercise your dog? How often?

Has your dog ever ridden in a car? Yes No How? Loose Seat belted In a crate

Describe your dog's reaction when riding in the car:

What does your dog do when the following occurs? Please answer with reactions such as: jumps up, growls, snaps, greets well, is friendly, pulls away, runs away, hides, etc.

Stranger/visitor walks by the home

Stranger/visitor comes into the home

Visitor tries to pet your dog inside the home

Stranger approaches you while on a walk



Stranger attempts to pet your dog while on leash with you

Stranger walks past the car when your dog is inside

You or someone else goes near the food bowl when your dog is eating

You or someone else tries to take away rawhide, chews, or anything else of value

You or someone else tells your dog to get off of the furniture

You or someone else touches your dog while sleeping

You or someone else gives your dog a hug

You or someone else bathes or grooms your dog



You or someone else reprimands your dog

Has your dog ever lived with children? Yes No If yes, what ages?

How would you describe your dog's behavior towards the children? Mostly friendly Tolerant

Nervous Jumps on Too much for them in play (knocks over, etc.)

If your dog has had issues with the children that included behavior such as growling, showing teeth, or snapping at them, please describe how many times and give as much detail as you can.

If your dog doesn't live with children, how often does your dog interact with children?

What does your dog do when the following occurs? Please answer with reactions such as: jumps up, barks, growls, snaps, greets well, is friendly, pulls away, runs away. hides, etc.

A child is crying or screaming

A child is running towards your dog



A child tries to hug your dog

A child touches or pets your dog

Your dog sees a child on a bike

Your dog sees a child running

You pick up a child

When was the last time your dog snarled (showed teeth) at you or someone else? Please explain the situation.

When was the last time your dog growled at you or someone else? Please explain the situation.



When was the last time your dog snapped at you or someone else? Please explain the situation.

When was the last time your dog nipped you or someone else? Please explain the situation.

When was the last time your dog bit and broke skin on you or someone else? Please explain the situation.

What other animals has your dog lived with? Dogs Cats Livestock

Other:

Did your dog get along with other dogs? Yes No

Any issues?

Did your dog do well with the house cats? Yes No

Any issues?

Did your dog get along with the livestock? Yes No

Any issues?

How does your dog react when they see an outdoor cat?

How does your dog react when they see a small animal like a squirrel?



How does your dog react when they see another dog outside or on a walk?

Is your dog's behavior different when on leash compared to when off leash when seeing another dog?

Yes No

Please explain:

Has your dog ever fought with another dog? Yes No

Describe incident:

Has your dog ever injured another dog? Yes No

Describe incident and injury:

Has your dog ever killed a prey animal? (Ex: rabbits, birds, mice, chickens, squirrels) Yes No

Please specify and describe incident:

Have you ever taken your dog to a training class? Yes No

Have you trained your dog yourself? Yes No

What kind of training have you tried? Choke Chain E-Collar Treats

Prong Collar Praise Clicker

What behaviors does your dog know? Sit Down Stay Come

Shake Roll Over Other:



What behaviors does your dog need improvement on? Jumping Digging Barking Whining
 Begging Chewing Trash Picking Counter Surfing

What is your dog's favorite game or toy?

What is your dog's best quality?

What is your dog's worst quality?

What type of food does your dog eat? Wet Dry Both Other:

What brand does your dog currently eat?

Does your dog have any known medical conditions? Yes No

Explain:

Does your dog have any allergies? Yes No List:

Is your dog on any medications? Yes No

If so, which drug and what is it being taken for?

Does your dog have any current or previous injuries? Yes No

Please explain:

Surrender Appointments

What days and times are you available? Please select at least 3.

Monday: 8 AM 9 AM 10 AM 1 PM 2 PM 3 PM

Tuesday: 8 AM 9 AM 10 AM 1 PM 2 PM

Thursday: 8 AM 9 AM 10 AM 1 PM 2 PM 3 PM

Friday: 8 AM 9 AM 10 AM 11 AM 12 PM

1 PM 2 PM 3 PM





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Date

If your availability is outside of these times, please list available days and times below.

By signing below, you acknowledge that the provided information is true to the best of your knowledge.

Printed Name

Address

City State Zip Code

Phone Number:

Email:

Preferred method of communication: Text Call Email

Your Signature

Thank you for answering these questions honestly. Everything you have told us about your dog is important to aid us in finding them an appropriate home!

Help Desk Surrender Checklist

The customer is in Petpoint, P#:

The pet is in Petpoint, A#:

I counseled on Pet Retention Resources: I counseled Todd's Medical Fund.

I offered alternate Rescue and Rehoming Resources. I disclosed the \$50 Optional Donation.

Additional Notes: