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Canine Surrender Profile

The following questionnaire provides us with the necessary information to assist us in finding your dog a new home. Your open and honest answers are important to help us find the best possible outcome for your pet.

1.

Pet Name	Sex	Spayed/Neutered	Color
Breed	Age	How long have you owned the dog?	

2. Why are you surrendering this pet?

3. If the reason for surrender is due to behavioral problems, please explain and explain any corrective actions you have taken to correct the issue.

4. What other animals did this pet live with?

5. What best describes your dog's personality? (Check all that apply)

- | | | | |
|-----------------------------------|---|---|---|
| <input type="checkbox"/> Lap Dog | <input type="checkbox"/> Independent | <input type="checkbox"/> Fun | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Active | <input type="checkbox"/> Protective | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Timid |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Never Met a Stranger | <input type="checkbox"/> Easy going | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Good with kids | <input type="checkbox"/> Good with cats | <input type="checkbox"/> Good with other dogs |

6.

Including yourself, how many people of the following ages live in the home with the dog?	Female	Male
0-3 years		
4-12 years		
13-18 years		
Adult		

7. Where does your dog spend most of his/her time?

8. What toys does your dog like?

- Balls Frisbee Plush Tug Squeaky None Other:

9. What games does your dog like?

Animal Name:
 Reviewed By:

Animal ID #:
 Date:

10. What type of exercise did your dog receive and how often?

11. Is your dog leash trained? No Yes

12. Does your dog like to ride in the car? No Yes

13. Is your dog crate trained? No Yes

14. Does your dog jump fences? No Yes...What type of fence?

15. Do you have a fenced yard? No Yes...Type & height of fence

16. Has your dog escaped from your property more than two times in the past six months? No Yes
Please explain

17. Has your dog ever bitten a person? No Yes...Explain circumstances, include whether victim was an adult or a minor.

18. Has your dog ever attacked another domestic animal resulting in severe injury or death to the animal?
 No Yes...Explain circumstances.

19. Has your dog ever displayed aggressive behavior while guarding food? No Yes...Explain circumstances, include whether victim was an adult or a minor.

20. How does your dog usually react when you or another family member does the following?

	Never Tried	Enjoys	Allows	Afraid	Shows teeth/growls	Snaps	Bites	Other
Bathe								
Brush								
Wipe Feet								

21. Describe your dog's housebreaking/potty habits: (Check all that apply)

- Inside dog, asks to go outside
- Inside dog, let outside on a schedule.
- Paper trained
- Outdoor Dog
- Take outside on leash
- Take outside off leash
- We have a fenced yard
- Outside only with you present
- Outside primarily without you present

Animal Name:

Animal ID #:

Reviewed By:

Date:

22. Does your dog usually have potty accidents in the house? No Yes
 If yes, how Frequently?

23. What steps have you taken to correct the potty accidents?

24. Has the dog been to a veterinarian to rule out any underlying medical issues that may cause the misbehavior? No Yes

25. How long is your dog left alone daily?

26. Where does your dog stay when home alone?

27. When left alone, does your dog usually show any of the following behaviors?
 Destroys household items Potty accidents Separation Anxiety
 Barks Other:

28. Is your dog scared of anything? No Yes, please list

29. Where does your dog usually sleep overnight?

30. What commands does your dog know?

31. Have you ever consulted a trainer or behaviorist? No Yes...Why?

32.

How does your dog usually behave toward the following?	Never Encounter	Friendly	Afraid	Shows Teeth / Growls	Snaps	Bites	Other
Men							
Women							
Children							
Strangers							
Mailman							
Other Dogs							
Cats							

Animal Name:
 Reviewed By:

Animal ID #:
 Date:

33. Does your dog need to be muzzled during veterinarian visits? No Yes.

34. Veterinarians' Name/Clinic

Phone:

35. Is your dog current on vaccinations? No Yes

36. Has your dog been tested for Heartworm Disease? No Yes

37. Do you give your dog monthly Heartworm Preventative? No Yes, Date Given:

38. Has your dog received any flea preventative? No Yes, Date Given:

39. Does your dog have any past or present medical conditions? No Yes, please list:

40. Is your dog currently on any medication or a special diet? No Yes

- Please list type and brand of food and/or medications

41. What type of food does your dog eat?

42. When do you feed your dog?

43. What would you like for adopters to know about this dog?

By signing below, you certify that all information provided in this questionnaire is accurate and truthful to the best of your knowledge.

Owner Name: _____

Address: _____ City, State, Zip Code: _____

Phone Number: _____ Alternate Phone Number: _____

Owner Signature: _____ Date: _____

Animal Name:

Animal ID #:

Reviewed By:

Date: