

## Canine Owner Surrender Questionnaire

It is imperative that you answer these questions as truthfully as possible so that we will have the best opportunity to find your dog the right home.

### IS YOUR DOG:

|                          |     |    |                  |  |
|--------------------------|-----|----|------------------|--|
| Microchipped?            | Yes | No | Scanned by _____ | ID# _____                                |
| Good with other dogs?    | Yes | No | Unknown          | Explain: _____                           |
| Good with cats?          | Yes | No | Unknown          |  |
| Good with kids?          | Yes | No | Unknown          | Ages of Children _____                   |
| Good with livestock?     | Yes | No | Unknown          | Type of livestock _____                  |
| Good with chickens?      | Yes | No | Unknown          |  |
| Housetrained?            | Yes | No | Unknown          | Partially _____ Puppy Pads _____         |
| Crate trained?           | Yes | No | Unknown          | How long each day _____                  |
| Leash trained?           | Yes | No | Unknown          | Pulls/Fights _____ Prefers Harness _____ |
| Scared of loud noises?   | Yes | No | Unknown          |  |
| Scared of thunderstorms? | Yes | No | Unknown          |  |
| Scared of strangers?     | Yes | No | Unknown          |  |
| Scared of Men/Women?     | Yes | No | Unknown          | If yes, explain _____                    |
| An excessive barker?     | Yes | No | Unknown          |  |
| Food Protective?         | Yes | No | Unknown          | If yes, explain _____                    |
| Toy or treat protective? | Yes | No | Unknown          | If yes, explain _____                    |
| An alpha female/male?    | Yes | No | Unknown          | If yes, explain _____                    |

Does your dog ride well in a car? Yes No

Does your dog chase cars/bikes/people? Yes No If yes, explain \_\_\_\_\_

Has your dog ever had any issues of aggression with other animals or people? Yes No

Please explain: \_\_\_\_\_

Did your dog primarily live: Indoors Outdoors Both

Where did your dog stay while:

-You were home: Crate Dog Lot Fenced Yard Chained/Tethered Left Loose

-When you weren't home: Crate Dog Lot Fenced Yard Chained/Tethered Left Loose

Is your dog destructive when left alone? Yes No

Does your dog have separation issues? Yes No (If yes, explain) \_\_\_\_\_

Has your dog had any kind of training? Home training Obedience classes Puppy classes No

Does your dog do well off-leash and come when called? Yes No

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Does your dog get regular exercise? Yes No

If yes, what kind of exercise \_\_\_\_\_

What kind toys does your dog like? Plush Tennis ball Rope toy Squeaky toys

How does your dog reacts toward Veterinarians? \_\_\_\_\_

Name and location of previous vet? \_\_\_\_\_

Is your dog on any kind of medication at this time? Yes No (If yes,explain) \_\_\_\_\_

When was the last time your pet was vaccinated? \_\_\_\_\_

Vaccines Given By: Vet Vaccine Clinic Self Administered Never

Has your dog been on Flea & Tick Prevention? Heartworm Prevention? Dewormer?

How often do you feed your dog? Once a day Twice a day Free fed Other \_\_\_\_\_

Does your dog eat? Dry food only Wet food only Both

Does your dog have any food allergies? Yes No (If yes, explain) \_\_\_\_\_

Does your dog enjoy bath time? Yes No (If no, explain) \_\_\_\_\_

Does your dog allow you to trim its' nails? Yes No

Is there any place on your dog that they do not like to be touched, brushed, or petted? Yes No  
(If yes, explain) \_\_\_\_\_

Has your dog ever been kenneled/boarded at? Private facility Veterinarian Shelter No

How long have you owned this dog and where did you get it from? \_\_\_\_\_

What do you think would fit your dogs need for their new home? \_\_\_\_\_

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