



Dog Owner's Surrender Questionnaire

Please fill out this questionnaire as completely as possible. By filling out this form it allows us to better understand your dog. We are trying to find out a little bit about them so that we may find the best new home fit for them. Please fill it out as completely as possible.

Description of your dog

Dog's Name: _____ Age: _____ Sex: Male ___ Female ___ Spayed/Neutered? Yes ___ No ___

Breed/s: _____ Microchip? Yes ___ No ___ If yes, chip # _____

Why do you need to give up your dog? _____

If we could help you resolve the issue, would you consider keeping your dog? Yes ___ No ___

Have you tried to find a home for your dog on your own? Yes ___ No ___

Have you contacted any other rescue groups for help in rehoming your dog? Yes ___ No ___

If yes, who: _____

Have your dog bitten or snapped at someone in the last 10 days? Yes ___ No ___

If yes, did it break the skin? Yes ___ No ___

If yes, describe the circumstances: _____

How long have you owned this dog? _____

If this is not your dog; who owns the dog? _____

Including yours, how many homes has this dog been in? _____

Where did you get the dog from?

Breeder _____ Friend/relative _____ Humane Society (name) _____

Pet Store _____ Advertisement _____ Another shelter/rescue (name) _____

Born at Home _____ Found Stray _____ Other _____

Family Environment

Please describe the dynamics of your family that your dog has lived with on a regular basis (check all that apply)

Adult Males ___ Adult Women ___ Senior Citizens ___ Children (0-5) ___ (5-10) ___ (10+) ___

Did you have children visit your home on a regular basis? Yes ___ No ___

If yes, what were the ages of the children: _____

Describe your dog's behavior around children (check all that apply):

Gentle _____ friendly/Playful _____ Nervous/frightened _____ Unpredictable _____ Ignores _____
Roughhouses _____ Watches over children _____ Snappy at times _____ Too Rough _____ Too active _____
Actively avoids children _____ Never been around children _____ Other (explain) _____

Would you recommend your dog to be placed in a home with children? Yes _____ No _____

If no, why? _____ if yes, ages? Children (0-5) _____ (5-10) _____ (10+) _____

Has your dog been in contact with or lived with other animals? (Check all that apply)

Male dogs _____ Female dogs _____ Cats _____ Birds _____ Small animals (kind?) _____
Rabbits _____ Reptiles _____ Farm Animals (kind?) _____ Other? _____

Describe this dog's behavior around other dogs (check all that apply)

Never been around other dogs _____ Frightened _____ Friendly/playful _____ Ignore other dogs _____
Aggressive towards- All dogs _____ Male dogs _____ Female dogs _____ Small dogs _____ Large dogs _____
Roughhouses _____ Good with some dogs/not all _____ Gentle/submissive _____ Aggressive on leash _____
Aggressive in yard _____ Bossy _____ Adores other dogs _____ Other: _____

Would you recommend that this dog be placed with another dog? Yes _____ No _____

In no, why? _____

Describe behavior around cats (check all that apply):

Never been around cats _____ Respectful _____ Friendly/playful _____ Chases to harm _____ Ignores _____
Frightened _____ Gentle/ submissive _____ Chases to catch _____ Aggressive _____ Roughhouses _____
Chases for fun _____ Has killed a cat _____ Other _____

Would you recommend that this dog be placed with a cat? Yes _____ No _____

In no, why? _____

Home Environment & Manners

When you were gone for the day, where did you keep your dog? (Check all that apply)

In a crate _____ free run of the house _____ Garage _____ Outdoor Kennel _____ In one room _____
Tied outside _____ In a fenced yard _____ Other _____

Where does your dog sleep at night? (check all that apply)

In Owner's bed _____ In children's bed _____ Anywhere they want _____ In a crate _____ Outside kennel _____
In fenced yard _____ Garage _____ On a dog bed _____ Confined in a room _____ Other _____

How many hours a day is your dog typically outside (check one)?

None, lives only indoors _____ less than 1 hour _____ 1-3 hours _____ 4-6 hours _____ 7-10 hours _____
Only outside at night _____ lives outdoors, never been inside _____ Other _____

How is your dog confined to your property when outside (check all that apply)

Fenced yard _____ kennel or enclosure _____ Tied out on a rope or chain _____ Dog House _____ Electric fence _____
Never left alone outside _____ Other _____

Does your dog jump fences? Yes _____ No _____ How tall is your fence? _____ Feet

Has your dog ever escaped his confinement? Yes _____ No _____

If yes, where did your dog go? _____

When your dog is outside, was s/he ever teased or bothered by people or other animals? Yes _____ No _____

If yes, please explain? _____

If your dog was kept tied on a rope, chain or runner; did s/he ever do any of the following (check all that apply)?

Escape the rope, chain, runner _____ Pace _____ Annoy neighbors _____ Get tangled in the rope _____
Dig _____ Become protective of the space _____ Bark, whine, howl or cry _____ Was calm _____
Was never tied or chained _____ Other _____

Is your dog housetrained?

Yes, never goes in house _____ Yes, but will poop _____ Yes, but will pee _____ Used to be, not now _____
No, goes in house _____ Outside dog- never in the house _____

If your dog does have housetraining accidents, they most often happen when (check all that apply)?

When dog is not supervised _____ When dog is not on a schedule _____ when dog is kept inside too long _____
When s/he greets people _____ when dog is sleeping _____ When overexcited _____ submissively _____
Other: _____

How have you dealt with housetraining problems (check all that apply)

Rubbed nose in it _____ Confines dog inside _____ made dog feel guilty/ acted mad at dog _____

Yelled at dog _____ Kept dog outside _____ consulted vet/trainer _____ spanked or swatted dog _____

Crated dog _____ Other _____

Is your dog crate trained? Yes _____ No _____ Tried, but didn't like the crate _____ Tried, but broke out _____

If yes, how long does your dog spend in the crate each day? _____

Can your dog be left alone in the house for 8 hours a day without issues? Yes _____ No _____ Never tried _____

If no, Why not? _____

Is your dog destructive when left alone (if, yes check all that apply)? Yes _____ No _____

Chews: woodwork/walls _____ furniture _____ windows/doors _____ clothing/shoes _____ other items _____

Is not left alone in house _____ digs or destroys yard _____ Other _____

When left alone in home, does your dog annoy the neighbors? Yes _____ No _____ I don't know _____

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

Does your dog raid the trash or get into similar mischief? Yes _____ No _____

Does your dog "steal" unattended food and/or objects from counters or tables? Yes _____ No _____

If yes, how have you dealt with this issue? _____

Does your dog beg at the table? Yes _____ No _____ If yes, is this rewarded with food? Yes _____ No _____

Obedience, Exercise, Play and Behavior

What kind of training does your dog have?

I did training myself _____ a Home Dog Trainer _____ Puppy classes _____ Obedience classes _____

Board and Train _____ Advanced Training (agility, flyball, etc) _____ No training _____

Where and when? _____

How often do you work with your dog on manners/training?

Daily _____ Weekly _____ Not since classes _____ Rarely _____ Never _____

Please tell us about desirable tricks or habits that you have taught your dog to do (check all that apply)?

Basic obedience commands _____ come when called _____ Play fetch _____ Walk on a loose leash _____

Greets visitors politely _____ Wait for food _____ Shake or similar tricks _____ Take treats gently _____

Get on and off furniture when asked _____ rides nicely in car _____ Other _____

What words does your dog understand?

Sit____ Down____ Stay____ Heel____ Come____ Drop____ Leave it____ take it____ Wait____ Off____
Free/release____ Doesn't know any commands____ Other_____

Can your dog be allowed off-leash and come when called? Yes____ No____

Does your dog jump up on people when greeting them? Yes____ No____

What type of exercise does your dog get on a regular basis (check all that apply)?

Accompanies owner running/jogging____ Walking on a leash____ Fetch____ Dog park____
Accompanies owner walking/hiking____ Not enough exercise for my dog____ Plays with kids____
Plays with other dogs____ doggie daycare____ Other_____

What are your dog's favorite kind of toys (check all that apply)?

Tennis balls/rubber balls____ Rope toys____ Shoes____ Plush/stuffed toys____ Frisbee____
Sticks____ Squeaky toys____ children's toys____ Other_____

Describe your dog's play style with people (check all that apply)?

Plays gentle____ enjoys tug of war____ enjoys wrestling____ prefers fetch____ prefers to chase____
Tends to herd/nip____ plays rough, doesn't stop when told____ Jumps and uses mouth to play____
Plays respectfully____ Plays very physically____ No interest in playing with people____
Other_____

Describe your dog's play style with other dogs (check all that apply)?

Plays gentle____ adapts to others play styles____ barks constantly____ will play with all dogs____
Plays chase with little body contact____ shares toys and plays quietly____
Tends to herd/nip others during play____ plays hard with a lot of body contact____
Jumps and uses mouth to play____ does not enjoy playing with dogs____ Has never played with other dogs____
Will not share toys____ Plays very physically____ No interest in playing with other dogs____
Other_____

How does your dog react to being handled or corrected by the collar (check all that apply)?

Acts calm and accepting____ Offers strong resistance____ Growls or barks____ Yelps or cries____
Cowers or acts frightened____ snaps, mouths, or bites____ Lies down____ Never tried____

Other _____

Please describe your dog's behavior in the car (check all that apply)?

Calm ___ Nervous ___ Gets car sick ___ Protective of car ___ destructive ___ Never rides in car ___

Is your dog protective of the following (check all that apply)?

Of food (towards people) ___ Of toys (towards people) ___ Of his/her body ___ Of property ___

Of food (with other animals) ___ Of toys (with other animals) ___ Of owner/family ___

Of bed, crate, or space ___ Dog is not possessive or protective ___ Other _____

Please select all of the following that frighten your dog (check all that apply)?

Men ___ School-aged children ___ Babies or Toddlers ___ Teenagers ___ Women ___ Loud Noises ___

Unpredictable children ___ Strangers/Visitors ___ People in uniform ___ Fireworks ___ Vet or groomer ___

Cars ___ Erratic or sudden movement ___ Yelling ___ Thunder/lightning ___ Vacuum ___ Broom ___

Bikes/skateboards ___ Other _____

Please identify if your dog has ever done any of the following (check all that apply)?

Adult family members Growled ___ Snapped ___ Bitten ___ Never ___

Children family members Growled ___ Snapped ___ Bitten ___ Never ___

Strangers at door Growled ___ Snapped ___ Bitten ___ Never ___

Visiting adults Growled ___ Snapped ___ Bitten ___ Never ___

Visiting children Growled ___ Snapped ___ Bitten ___ Never ___

Vet or Groomer Growled ___ Snapped ___ Bitten ___ Never ___

People near his/her food or treats Growled ___ Snapped ___ Bitten ___ Never ___

People near his/her sleeping area Growled ___ Snapped ___ Bitten ___ Never ___

Pedestrians Growled ___ Snapped ___ Bitten ___ Never ___

People in Uniform Growled ___ Snapped ___ Bitten ___ Never ___

Wildlife Growled ___ Snapped ___ Bitten ___ Never ___

Friends or neighbors pets Growled ___ Snapped ___ Bitten ___ Never ___

What does your dog do when it sees wild animals like squirrels, raccoons, opossums (check all that apply)?

Never sees a wild animal ___ ignores ___ Tries to play with ___ Barks or Growls ___ Kills ___

Watches intently and/or silently ___ Is afraid of ___ chases ___ stalks ___ Other _____

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

If yes, please explain _____

Diet, Health, and Grooming

Does your dog eat: Wet food only _____ Dry food only _____ Combination _____ Human food _____ Raw Diet _____

What brand of food does your dog eat? _____

How often does your dog eat? Once a day _____ Twice a day _____ Always available _____ Other _____

Does your dog receive treats on a regular basis? Yes _____ No _____

Is your dog fed scraps from the table or "people food"? Yes _____ No _____

Does your dog have allergies or sensitivities to any grains or common food ingredients? Yes _____ No _____

If yes, which ones? _____ I don't know _____

If yes, what happens to your dog? _____

How does your dog react to seeing your dog's veterinarian (check all that apply?)

Loves it _____ Tolerates it _____ hates it _____ Nervous _____ Needs to be muzzled for vet _____ Never seen vet _____

Name and location of your dog's Veterinarian: _____

Please indicate which vaccines your dog has had and the date of the most recent vaccinations:

DHLPP _____ Rabies _____ Bordatella _____ Leptovirus _____ never vaccinated _____

Has your dog ever undergone surgery? Yes _____ No _____

If yes, please explain: _____

Has your dog ever been diagnosed or treated for any of the following by a vet (check all that apply):

Heartworm disease _____ Parvovirus _____ Heart murmur _____ Epilepsy or seizures _____ allergies _____

Thyroid disease _____ Arthritis or hip dysplasia _____ Diabetes _____ Separation anxiety _____ Broken Bones _____

Chronic ear/eye infections _____ Diabetes _____ Thyroid disease _____ Tumors _____ Mange or other skin problems _____

Chronic diarrhea/ vomiting _____ cancer _____ Hit by a car _____ none, my dog has always been healthy _____

Other illness/ condition _____

Does your dog require any medication on a regular basis? Yes _____ No _____

If yes, please explain _____

Has your dog ever been professionally groomed or bathed? Yes _____ No _____

If yes, how did your dog behave _____

Does your dog allow you to bath him/her? Yes _____ No _____ Never tried _____

Does your dog allow you to brush him/her? Yes _____ No _____ Never tried _____

Does your dog allow you to clip his/her nails? Yes _____ No _____ Never tried _____

Are there any places on your dog's body that s/he does not like to be touched, brushed or petted? Yes _____ No _____

If yes, please explain _____

Has your dog ever been boarded or kenneled at a:

Private boarding kennel _____ Veterinarian _____ Animal Shelter _____ Never been boarded _____

If yes, how did your dog react to being boarded/kenneled? _____

Other

What makes your dog the happiest?

What upsets your dog the most?

What else should we know about your dog so we may find it the best home?

Surrender Fee Received- Amount\$ _____

PPI agent initials _____

If applicable, reimbursement for medical costs, medications or care received

PPI agent initials _____

This is a service to help place dogs/cats in new homes when their present owners can no longer keep them. Your donation will help pay for expenses.

I, _____, hereby surrender, the animal named _____, to Planned Pethood, Inc. I certify that I am the owner of this dog, free and clear of all other interests. I certify that this dog is not possessed of any dangerous or vicious propensities, and that I have not willfully concealed information about the dog that might indicate such propensities. The information I have provided about this dog is true and complete. I understand and agree to the terms set forth by having answered the questions above to the affirmative. I hereby forever release, discharge and agree to hold harmless and indemnify PLANNED PETHOOD, its board of directors, its members, officers, and agents from all claims, demands, actions, causes of action, or liability of any kind whatsoever arising as a result of or in connection with the adoption or other disposition of the above named dog.

OWNER'S NAME: _____

SIGNED BY OWNER: _____ DATE: _____

VET RECORDS RECEIVED BY _____ DATE: _____

