



THE  
ANTI-CRUELTY  
SOCIETY

An **OPEN DOOR** to **COMPASSION**

# DOG SURRENDER PROFILE

Date of Surrender \_\_\_\_\_

Animal ID# (Staff Only) \_\_\_\_\_

Dog's Name \_\_\_\_\_

Dog's Age \_\_\_\_\_

Sex:  Male  Female

Spayed/Neutered:  Yes  No  Unknown

Breed \_\_\_\_\_

How long have you owned this dog? \_\_\_\_\_

Where did you get this dog?

- Breeder  Pet Shop  The Anti-Cruelty Society  Other Shelter/Rescue  
 Found  Family/Acquaintance  Private Owner Online  Offspring from your pet  
 Abandoned  Other \_\_\_\_\_

If from another shelter or rescue, please provide the name and phone number of the organization:  
\_\_\_\_\_  
\_\_\_\_\_

Why are you surrendering your dog? \_\_\_\_\_

When was your dog's last flea/tick treatment? What kind of treatment (drops, oral, collar, etc.) and how long does it last? \_\_\_\_\_

Does your cat ever wear a muzzle?

- At the vet  For grooming  Around other animals  Around strangers  
 My dog has never been muzzled  My dog does not need a muzzle but is trained to wear one.  
 Other \_\_\_\_\_

Does your dog ever require sedation?

- At the vet  For grooming  For grooming  For travel  
 During Storms  For anxiety  
 Other \_\_\_\_\_

What kind of food do you feed your dog?

- Dry kibble  Canned food  Raw diet  Frozen/Refrigerated food  
 Homemade diet  People food  Other \_\_\_\_\_

What brand(s) of food do you feed your dog? \_\_\_\_\_

How many meals per day and what times? \_\_\_\_\_

How much per meal? Any special preparation? \_\_\_\_\_

How quickly does your dog eat?

- Wolfs down food in seconds  Eats too fast then vomits  Finishes meal within 10 minutes  
 Finishes meal within the hour  Grazes during the day/Free Feeds  
 Picks at food. Rarely finishes full meal.

Does your dog require special accommodations for meals? (Slow feeder, raised feeder, human company, etc.)

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If your dog a picky eater? If yes, please explain. \_\_\_\_\_

What types of treats do you give your dog? \_\_\_\_\_

Does your dog drink water any way other than from a bowl? (Hose, faucet, fridge, ice cubes, etc.)

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What is your dog's normal energy level?  High  Low  Moderate

How would you describe your dog's general personality?

- |  |                                       |                                       |                                       |  |  |
|--|---------------------------------------|---------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Energetic             | <input type="checkbox"/> Energetic    | <input type="checkbox"/> Playful      | <input type="checkbox"/> Couch Potato | <input type="checkbox"/> Noisy/Loud        | <input type="checkbox"/> Aggressive    |
| <input type="checkbox"/> Fearful               | <input type="checkbox"/> Anxious      | <input type="checkbox"/> Affectionate |                                       | <input type="checkbox"/> Wary of strangers |  |
| <input type="checkbox"/> Friendly to strangers | <input type="checkbox"/> Lap Dog      | <input type="checkbox"/> Needy        |                                       | <input type="checkbox"/> Shy               | <input type="checkbox"/> Distant/Aloof |
| <input type="checkbox"/> Independent           | <input type="checkbox"/> Jumpy/Mouthy |                                       |                                       |  |  |

Is there anywhere on your dog's body where he/she does NOT like to be touched?

- |   |                                |                                      |                                     |                                |  |
|---|--------------------------------|--------------------------------------|-------------------------------------|--------------------------------|--|
| <input type="checkbox"/> Ears   | <input type="checkbox"/> Mouth | <input type="checkbox"/> Neck/Collar | <input type="checkbox"/> Paws/Nails | <input type="checkbox"/> Belly | <input type="checkbox"/> Tail/Rear end |
| <input type="checkbox"/> I can touch my dog anywhere <input type="checkbox"/> Other _____ |                                |                                      |                                     |                                |  |

What does your dog do when touched un any of the places selected above?

- |   |                                 |   |                                      |                                |
|---|---------------------------------|---|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Pulls/Moves Away | <input type="checkbox"/> Growls | <input type="checkbox"/> Hides from you | <input type="checkbox"/> Shows Teeth | <input type="checkbox"/> Snaps |
| <input type="checkbox"/> Bites            | <input type="checkbox"/> N/A    | <input type="checkbox"/> Other _____    |                                      |                                |

Please list how many people of the following ages the dog has lived in the same home with:

\_\_\_\_\_  
0- 5 years      6-12 years      13-17 years      18+ years      Seniors

Please select how your dog behaved with people of the following ages **in the home**. Check all that apply.

0-5 Years

- |   |                                       |                                      |   |
|---|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Friendly/Attentive | <input type="checkbox"/> Plays Rough  | <input type="checkbox"/> Jumps on    | <input type="checkbox"/> Tolerant/Neutral |
| <input type="checkbox"/> Fearful/Avoids     | <input type="checkbox"/> Barks/Growls | <input type="checkbox"/> Snaps/Bites | <input type="checkbox"/> N/A              |
| <input type="checkbox"/> Other _____        |                                       |                                      |   |

6-12 Years

- |   |                                       |                                      |   |
|---|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Friendly/Attentive | <input type="checkbox"/> Plays Rough  | <input type="checkbox"/> Jumps on    | <input type="checkbox"/> Tolerant/Neutral |
| <input type="checkbox"/> Fearful/Avoids     | <input type="checkbox"/> Barks/Growls | <input type="checkbox"/> Snaps/Bites | <input type="checkbox"/> N/A              |
| <input type="checkbox"/> Other _____        |                                       |                                      |   |

13-17 Years

- |   |                                       |                                      |   |
|---|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Friendly/Attentive | <input type="checkbox"/> Plays Rough  | <input type="checkbox"/> Jumps on    | <input type="checkbox"/> Tolerant/Neutral |
| <input type="checkbox"/> Fearful/Avoids     | <input type="checkbox"/> Barks/Growls | <input type="checkbox"/> Snaps/Bites | <input type="checkbox"/> N/A              |
| <input type="checkbox"/> Other _____        |                                       |                                      |   |

18+ Years

- |   |                                       |                                      |   |
|---|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Friendly/Attentive | <input type="checkbox"/> Plays Rough  | <input type="checkbox"/> Jumps on    | <input type="checkbox"/> Tolerant/Neutral |
| <input type="checkbox"/> Fearful/Avoids     | <input type="checkbox"/> Barks/Growls | <input type="checkbox"/> Snaps/Bites | <input type="checkbox"/> N/A              |
| <input type="checkbox"/> Other _____        |                                       |                                      |   |

Seniors

- |   |                                       |                                      |   |
|---|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Friendly/Attentive | <input type="checkbox"/> Plays Rough  | <input type="checkbox"/> Jumps on    | <input type="checkbox"/> Tolerant/Neutral |
| <input type="checkbox"/> Fearful/Avoids     | <input type="checkbox"/> Barks/Growls | <input type="checkbox"/> Snaps/Bites | <input type="checkbox"/> N/A              |
| <input type="checkbox"/> Other _____        |                                       |                                      |   |

Who has your dog met outside of your home?

- Neighbors       Neighborhood Children       Men on walks       Women on walks  
 Large groups of people       Elderly people  
 Other \_\_\_\_\_

How does your dog behave around unfamiliar men?  Never Encountered       Friendly

- Jumps on       Not interested/Neutral  
 Afraid/Avoids       Shows teeth/Growls       Barks       Snaps/Bites  
 Humps       Other \_\_\_\_\_

How does your dog behave around unfamiliar women?

- Never Encountered       Friendly       Jumps on       Not interested/Neutral  
 Afraid/Avoids       Shows teeth/Growls       Barks       Snaps/Bites  
 Humps       Other \_\_\_\_\_

How does your dog behave around unfamiliar children?

- Never Encountered       Friendly       Jumps on       Not interested/Neutral  
 Afraid/Avoids       Shows teeth/Growls       Barks       Snaps/Bites  
 Humps       Other \_\_\_\_\_

How does your dog behave around unfamiliar dogs?

- Never Encountered       Friendly       Jumps on       Not interested/Neutral  
 Afraid/Avoids       Shows teeth/Growls       Barks       Snaps/Bites  
 Humps       Other \_\_\_\_\_

My dog is afraid of/doesn't like:

- Storms/Fireworks       Loud Noises       Stairs       Water       Other Dogs  
 Cats       Men       Women       Children       Strollers  
 Raincoats/Umbrellas/Hats       Cars       The Vet       N/A       The Groomer  
 Other \_\_\_\_\_

How much time does your dog spend alone each day, without people?

- None       1-3 Hours       4-8 Hours       9-12 Hours       Over 12 Hours

When alone, my dog is:

- Free in the house       Crated       Free outside       Tethered Outside  
 In a dog kennel/run outside       Confined to a room/restricted area in the house  
 Inside a separate building/structure on the property  
 Other \_\_\_\_\_

When left alone, my dog:

- Sleeps/Rests       Plays with toys       Plays with other pets       Eats  
 Pees/Poops       Barks/Cries/Howls       Destroys things  
 Other \_\_\_\_\_

When I am home, my dog is:

- Free in the house       Crated       Free outside       Tethered Outside  
 In a dog kennel/run outside       Confined to a room/restricted area in the house  
 Inside a separate building/structure on the property  
 Other \_\_\_\_\_

When I am home, my dog:

- |  |  |                                       |  |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Stays near the family | <input type="checkbox"/> Entertains him/herself    | <input type="checkbox"/> Sleeps/Rests | <input type="checkbox"/> Plays with toys |
| <input type="checkbox"/> Plays with other pets | <input type="checkbox"/> Plays with family members | <input type="checkbox"/> Eats         | <input type="checkbox"/> Pees/Poops      |
| <input type="checkbox"/> Barks/Cries Howls     | <input type="checkbox"/> Destroys things           |                                       |  |
| <input type="checkbox"/> Other _____           |  |                                       |  |

What types of items does your dog destroy/damage?

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Not Destructive       | <input type="checkbox"/> His/Her toys    | <input type="checkbox"/> Human Toys    | <input type="checkbox"/> Paper products        |
| <input type="checkbox"/> Clothing/BeddingShoes | <input type="checkbox"/> Furniture       | <input type="checkbox"/> Windows/doors | <input type="checkbox"/> Woodwork/Walls/Floors |
| <input type="checkbox"/> His/her crate/pen     | <input type="checkbox"/> Fences/Barriers | <input type="checkbox"/> House Plants  | <input type="checkbox"/> Yard/Garden           |
| <input type="checkbox"/> Digs in the trash     | <input type="checkbox"/> Counter surfs   | <input type="checkbox"/> Other _____   |  |

Is your dog leash trained?  Yes  No

What do you use to walk your dog?

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Flat Collar        | <input type="checkbox"/> Martingale Collar | <input type="checkbox"/> Choke Chain            | <input type="checkbox"/> Prong Collar         |
| <input type="checkbox"/> Harness            | <input type="checkbox"/> No-Pull Harness   | <input type="checkbox"/> Head Collar/Halter     | <input type="checkbox"/> Less than 5' leash   |
| <input type="checkbox"/> 5' or longer leash | <input type="checkbox"/> Retractable Leash | <input type="checkbox"/> My dog walks off leash | <input type="checkbox"/> I do not walk my dog |
| <input type="checkbox"/> Other _____        |  |   |   |

What is your dog's walk/potty schedule?

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Is your dog house-trained?  Yes  No  Still Learning

How often does your dog have accidents inside the house?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Never               | <input type="checkbox"/> Daily              | <input type="checkbox"/> A few times a week    |
| <input type="checkbox"/> A few times a month | <input type="checkbox"/> A few times a year | <input type="checkbox"/> When not feeling well |
| <input type="checkbox"/> Other _____         |   |  |

How does your dog let you know when he/she needs to go outside?

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Where does your dog pee/poop? Check all that apply.

- |                                       |  |  |  |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> In the yard  | <input type="checkbox"/> On walks        | <input type="checkbox"/> On potty pads | <input type="checkbox"/> In a litter box |
| <input type="checkbox"/> On the floor | <input type="checkbox"/> In his/her cage | <input type="checkbox"/> On furniture  | <input type="checkbox"/> On clothing     |
| <input type="checkbox"/> Other _____  |  |  |  |

Is your dog reactive/aggressive on leash/walks? (Barks/lunges at people/animals/vehicles etc.)

- Yes  No  Sometimes

Does your dog like to chase any of the following?

- |                                      |                               |                                 |                                     |                                    |                                  |                                |
|--------------------------------------|-------------------------------|---------------------------------|-------------------------------------|------------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Nothing     | <input type="checkbox"/> Cats | <input type="checkbox"/> Dogs   | <input type="checkbox"/> Joggers    | <input type="checkbox"/> Squirrels | <input type="checkbox"/> Rabbits | <input type="checkbox"/> Birds |
| <input type="checkbox"/> Bugs        | <input type="checkbox"/> Cars | <input type="checkbox"/> Leaves | <input type="checkbox"/> Paper/Bags | <input type="checkbox"/> Shadows   |                                  |                                |
| <input type="checkbox"/> Other _____ |                               |                                 |                                     |                                    |                                  |                                |

When was your dog's las vet visit? Please provide any recent medical records.

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Does your dog have any long-term/chronic medical conditions?  Yes  No

If yes, please list any known conditions and what medications/treatments have been prescribed by the vet

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Please describe any other recent/current medical conditions your dog has experienced.

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Is your dog eating, drinking, peeing, and pooping normally?  Yes  No

If no, please describe any abnormalities you have noticed

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Have you noticed any of the following conditions in your dog recently?

- |  |   |
|--|---|
| <input type="checkbox"/> Coughing, sneezing, or abnormal nasal discharge | <input type="checkbox"/> Vomiting                                 |
| <input type="checkbox"/> Loose stool/Diarrhea                            | <input type="checkbox"/> Blood in stool                           |
| <input type="checkbox"/> Worms in stool                                  | <input type="checkbox"/> Rashes/Hot spots or Itchiness            |
| <input type="checkbox"/> Hair loss                                       | <input type="checkbox"/> Head shaking or scratching ears          |
| <input type="checkbox"/> Bugs (fleas, ticks, maggots, etc.) on skin/coat | <input type="checkbox"/> Lameness/limping                         |
| <input type="checkbox"/> Pain/sensitivity to touch                       | <input type="checkbox"/> Open or recently healed wounds           |
| <input type="checkbox"/> Eye injury, sensitivity or discharge            | <input type="checkbox"/> Loss of appetite and/or reduced activity |
| <input type="checkbox"/> Abnormal weight loss                            | <input type="checkbox"/> Masses or tumors                         |
| <input type="checkbox"/> None of the above                               |   |
| <input type="checkbox"/> Other _____                                     |   |

Please list any allergies or sensitivities your dog has. (Food, plants, seasonal, medications, vaccinations, etc)

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Please list any medications your dog is currently taking. Please bring any medications to your appointment.

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Has your dog ever visited a professional groomer?  Yes  No

Do you groom your dog at home?  Yes  No

What type of grooming (professionally or at home) has your dog had in the past?

- |                                       |  |   |                                       |
|---------------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> Baths        | <input type="checkbox"/> Blow Drying           | <input type="checkbox"/> Ear Cleaning                     | <input type="checkbox"/> Ear Plucking |
| <input type="checkbox"/> Nail Trims   | <input type="checkbox"/> Nail Grinding         | <input type="checkbox"/> Hair cuts with electric clippers | <input type="checkbox"/> Brushing     |
| <input type="checkbox"/> Toothbushing | <input type="checkbox"/> Anal glands expressed | <input type="checkbox"/> None of the above                |                                       |
| <input type="checkbox"/> Other _____  |  |   |                                       |

How does your dog behave during grooming?

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Has your dog had any kind of professional training?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Puppy classes                | <input type="checkbox"/> Obedience classes    | <input type="checkbox"/> Private training in home  |
| <input type="checkbox"/> Board and train              | <input type="checkbox"/> Service dog training | <input type="checkbox"/> Bite work/Sleeve training |
| <input type="checkbox"/> Nose work/Detection Training | <input type="checkbox"/> Canine Good Citizen  | <input type="checkbox"/> None                      |
| <input type="checkbox"/> Other _____                  |   |  |

What commands does your dog know?

- |                                      |                                   |                                       |                               |                               |                               |                                |
|--------------------------------------|-----------------------------------|---------------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> None        | <input type="checkbox"/> Sit      | <input type="checkbox"/> Down         | <input type="checkbox"/> Come | <input type="checkbox"/> Wait | <input type="checkbox"/> Stay | <input type="checkbox"/> Place |
| <input type="checkbox"/> Drop It     | <input type="checkbox"/> Leave It | <input type="checkbox"/> Heel         | <input type="checkbox"/> Off  | <input type="checkbox"/> No   | <input type="checkbox"/> Yes  | <input type="checkbox"/> Okay  |
| <input type="checkbox"/> Quiet       | <input type="checkbox"/> Speak    | <input type="checkbox"/> Treat/Cookie |                               |                               |                               |                                |
| <input type="checkbox"/> Other _____ |                                   |                                       |                               |                               |                               |                                |

Please list all languages your dog is trained in:

Has your dog ever:

- Bitten and drawn blood on a person?
- Caused serious injury to a person NOT involving a bite?
- Injured/killed another dog?
- Been injured by another dog?
- Injured/killed any other type of animal(Cats, rabbits, birds, livestock, etc.)?
- Inflicted a bite to a person or animal that required medical attention?
- Injured a person or an animal resulting in legal action?
- Undergone rabies observation?
- None of the above

Please explain the circumstances if any of the above situations has occurred. Please include approximate dates/time frames: \_\_\_\_\_

How would your dog react if you or a family member approached him/her while the dog was eating?

- Never tried
- Allows
- Covers the food with their body
- Growls
- Shows teeth
- Lunges
- Snaps
- Bites
- Only reacts if you reach for the food
- Other \_\_\_\_\_

How would your dog react if you or a family member approached him/her while the dog was chewing a bone, rawhide, pig's ear or similar tasty treat?

- Never tried
- Allows
- Covers the item with their body
- Growls
- Shows teeth
- Lunges
- Snaps
- Bites
- Only reacts if you reach for the item
- Other \_\_\_\_\_

How would your dog react if you or a family member approached him/her while the dog has a stolen item (shoe, trash, etc.)?

- Never tried
- Allows
- Covers the food with their body
- Growls
- Shows teeth
- Lunges
- Snaps
- Bites
- Only reacts if you reach for the item
- Other \_\_\_\_\_

How would your dog react if you or a family member approached him/her while the dog was near and/or receiving attention from a favorite person?

- Never tried
- Allows
- Blocks the person with their body
- Growls
- Shows teeth
- Lunges
- Snaps
- Bites
- Only reacts if you reach for the person
- Other \_\_\_\_\_

How would your dog react if he/she is approached by another animal in the home while the dog is in possession of food, toys or treats?

- Never tried
- Allows
- Covers the item with their body
- Growls
- Shows teeth
- Lunges
- Snaps
- Bites
- Only reacts if the other animal tries to take the item
- Other \_\_\_\_\_

How would your dog react if approached by another animal while the dog was near and/or receiving attention from a favorite person?

- |                                      |                                      |   |
|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Never tried | <input type="checkbox"/> Allows      | <input type="checkbox"/> Blocks person with their body                          |
| <input type="checkbox"/> Growls      | <input type="checkbox"/> Shows teeth | <input type="checkbox"/> Lunges   |
| <input type="checkbox"/> Snaps       | <input type="checkbox"/> Bites       | <input type="checkbox"/> Only reacts if the other animal tries to take the item |
| <input type="checkbox"/> Other _____ |                                      |   |

Please tell us anything else you would like the shelter or any potential adopters to know about your dog?

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