



For Office Use only:
Animal Number:

Canine Surrender Profile

Your Name: _____ Phone #: _____
Your dog's Name: _____ Sex (please circle): Male Female
Breed / Breed Mix: _____ Age: _____ Weight: _____
Is your dog microchipped? Yes ___ No ___ Is your dog spayed or neutered? Yes ___ No ___ If, yes. Date: _____
Who is your veterinarian? _____
Is your dog up to date with vaccinations? _____ Date of rabies vaccination? _____ Tag # _____
Where did you acquire your dog? _____
How old was your dog when you acquired him/her? _____ How long has he/she lived with you? _____
What type of food is your dog currently eating? _____
How often have you been feeding your dog? Once daily ___ Twice daily ___ Other _____

Why are you surrendering your dog to the shelter? (Circle all that apply)
Behavioral problems ___ Time commitment ___ Family issue ___ Health issues (yours or dog's) ___ Other ___

Please explain why you need to relinquish your dog in your own words _____

Check all that apply to your dog's personality: Friendly ___ Shy ___ Independent ___ Fearful ___ Playful ___
Aloof ___ Affectionate ___ Aggressive ___ Overly Reactive ___

What is your dog afraid of? _____
Where is your dog sensitive about being handled? (ex: ears, nose, feet, etc.) _____

Where does your dog spend most of his time? Inside ___ Outside ___ Inside/Outside ___

Do you have a fenced yard? ___ If not, do you have a tie-out or runner for your dog? ___ Electric Fence? ___

How long is your dog left in the yard each day? _____

Do you take your dog for leash walks? ___ How often? ___ How does he/she walk on a leash? _____

How long each day is your dog left alone inside the home? ___ Is he/she free or confined? _____

If your dog is confined....How and Where? _____

Is your dog crate trained? ___ Do you still use the crate? _____

Does your dog have accidents in the house? ___ If yes, how often? Daily ___ Weekly ___ Once in awhile ___

Urinate only ___ Defecate only ___ Both ___

Does your dog destroy things in the house or yard? ___ If yes, what items? ___ How often? _____

If your dog has accidents or destroys things, is it only when left alone? _____

Does your dog run away? ___ Bark too much? ___ Jump on people? ___ Dig in the yard? ___ Other? _____



What does your dog do when:

- A stranger / visitor knocks on the door? _____
- The mailman or UPS driver comes to your house? _____
- A stranger / visitor comes to the house? _____
- A stranger approaches you on a walk? _____
- You or someone else goes near the food bowl while he/ she is eating? _____
- You or someone else tries to take away toys, rawhide, or anything else of value? _____
- You or someone else tells him / her to get off the sofa or bed? _____
- You or someone else gives him /her a hug? _____
- You or someone else reprimands him / her? _____

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

Is your dog good with those children (friendly, tolerant)? Yes ___ No ___ If No, please explain? _____

If your dog did not live with children, how often did he/ she interact with children? _____

What does your dog do if:

- A child is crying / screaming? _____
- A child runs toward him / her? _____
- A child tries to hug him / her? _____
- A child touches him / her? _____
- He / she sees a child on a bike? _____
- He /she sees a child running? _____
- You pick up a child? _____

Has your dog ever snarled at you or anyone else? Yes ___ No ___ If yes, please explain the situation _____

Has your dog ever growled at you or anyone else? Yes ___ No ___ If yes, please explain the situation _____

Has your dog ever snapped at you or anyone else? Yes ___ No ___ If yes, please explain the situation _____

Has your dog ever nipped at you or anyone else? Yes ___ No ___ If yes, please explain the situation _____

Has your dog ever bitten (broken the skin) on you or anyone else? Yes ___ No ___ If yes, please explain the situation _____

What other animals has your dog lived with? Dogs _____ Cats _____ Other _____



Did he / she do well with the house cat(s)? _____ Any issues? _____

Did he / she get along with the other dogs? _____ Any issues? _____

How does your dog react when he / she sees an outdoor cat? _____

How does your dog react when he / she sees a small animal like a squirrel? _____

How does your dog react when he / she sees another dog outside? _____

Is his / her behavior different when on a leash compared to when off leash when seeing another dog? _____

Has your dog ever fought with another dog? Yes _____ No _____

Has your dog ever injured another dog? Yes _____ No _____

Have you ever taken your dog to training class? Yes _____ No _____ Or, have you trained him / her yourself? Yes _____ No _____

What kind of training have you tried? Choke chain _____ Electric shock _____ Treats _____ Praise _____ Clicker _____

What behaviors does he / she know? Sit _____ Down _____ Stay _____ Come _____ Shake _____ Roll over _____ Other _____

What behaviors do you wish he /she knew? _____

What is your dog's favorite game or toy? _____

What is your dog's best quality? _____

What is your dog's worst quality? _____

Does your dog have any medical issues? Yes _____ No _____ If yes, please explain _____

Is your dog on any medication or special diet? Yes _____ No _____ If yes, please explain _____

I swear that the information is true to the best of my knowledge and I have given all the information available to help the Saratoga County Animal Shelter find a loving, new home for this dog.

I give my permission for the Saratoga County Animal Shelter to contact my veterinarian for the purpose of obtaining this dog's medical records.

Signature: _____ Date: _____

STAFF USE ONLY:

Reviewed by: _____ Date: _____

Counseled about alternatives: _____ Donation: \$ _____