

Dog Surrender Questionnaire



Animal Name: _____ Animal ID: _____

No one knows and loves your dog the way you do, so please take the time to fill in this profile with care and accuracy. The purpose of this profile is to evaluate and place your dog in the most appropriate home.

Please be honest!

Where did you get this dog?			
<input type="checkbox"/> Edmonton Humane Society	<input type="checkbox"/> Newspaper/Online	<input type="checkbox"/> Gift	<input type="checkbox"/> Rescue Group
<input type="checkbox"/> Other Animal Shelter	<input type="checkbox"/> Found/Stray	<input type="checkbox"/> Own Litter	<input type="checkbox"/> Breeder
<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Pet Store	<input type="checkbox"/> Other:	
How long have you had this dog?			
How old is your dog?			
What is your main reason for surrendering this animal?			

Medical Information		
Has your dog been to a veterinary clinic to your knowledge?		
<input type="checkbox"/> Yes - Clinic Name:	<input type="checkbox"/> No	
Does your dog have to be muzzled at the vet?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your dog have any medical conditions or allergies?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is your dog currently on any medications or special diets?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
To your knowledge, is your pet spayed or neutered?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

Behaviour Information				
How aggressive is your dog?				
1. Towards your cats?	<input type="checkbox"/> No Aggression/Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Bites/Snaps	<input type="checkbox"/> NA
2. Towards unfamiliar cats outdoors?	<input type="checkbox"/> No Aggression/Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Bites/Snaps	<input type="checkbox"/> NA
3. When familiar people visit your house?	<input type="checkbox"/> No Aggression/Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Bites/Snaps	<input type="checkbox"/> NA
4. When unfamiliar people visit your house?	<input type="checkbox"/> No Aggression/Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Bites/Snaps	<input type="checkbox"/> NA
5. When the doorbell rings / someone knocks at the door?	<input type="checkbox"/> No Aggression/Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Bites/Snaps	<input type="checkbox"/> NA
6. When you are walking and a stranger approaches you?	<input type="checkbox"/> No Aggression/Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Bites/Snaps	<input type="checkbox"/> NA
7. When examined by your veterinarian?	<input type="checkbox"/> No Aggression/Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Bites/Snaps	<input type="checkbox"/> NA
8. When you startle him or wake him suddenly	<input type="checkbox"/> No Aggression/Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Bites/Snaps	<input type="checkbox"/> NA

How aggressive is your dog?					
9. When you attempt to remove food from him?		<input type="checkbox"/> No Aggression/Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Bites/Snaps	<input type="checkbox"/> NA
10. When he sees an unfamiliar dog of the same sex?		<input type="checkbox"/> No Aggression/Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Bites/Snaps	<input type="checkbox"/> NA
11. When he sees an unfamiliar dog of opposite sex?		<input type="checkbox"/> No Aggression/Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Bites/Snaps	<input type="checkbox"/> NA
12. When he sees familiar dogs of the same sex?		<input type="checkbox"/> No Aggression/Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Bites/Snaps	<input type="checkbox"/> NA
13. When he sees familiar dogs of the opposite sex?		<input type="checkbox"/> No Aggression/Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Bites/Snaps	<input type="checkbox"/> NA
14. When you remove him from your chair/sofa?		<input type="checkbox"/> No Aggression/Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Bites/Snaps	<input type="checkbox"/> NA
15. When you groom him?		<input type="checkbox"/> No Aggression/Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Bites/Snaps	<input type="checkbox"/> NA
16. When you remove him from your bed?		<input type="checkbox"/> No Aggression/Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Bites/Snaps	<input type="checkbox"/> NA
17. When you scold him?		<input type="checkbox"/> No Aggression/Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Bites/Snaps	<input type="checkbox"/> NA
18. Towards children at home?		<input type="checkbox"/> No Aggression/Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Bites/Snaps	<input type="checkbox"/> NA
19. When children visit you?		<input type="checkbox"/> No Aggression/Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Bites/Snaps	<input type="checkbox"/> NA
If your dog has bitten someone, what damage did the dog inflict?					
a) A child	<input type="checkbox"/> None	<input type="checkbox"/> Bruising	<input type="checkbox"/> Broken skin	<input type="checkbox"/> Stitches	<input type="checkbox"/> Broken bone
b) An adult	<input type="checkbox"/> None	<input type="checkbox"/> Bruising	<input type="checkbox"/> Broken skin	<input type="checkbox"/> Stitches	<input type="checkbox"/> Broken bone
c) A dog	<input type="checkbox"/> None	<input type="checkbox"/> Bruising	<input type="checkbox"/> Broken skin	<input type="checkbox"/> Stitches	<input type="checkbox"/> Broken bone
d) Other	<input type="checkbox"/> None	<input type="checkbox"/> Bruising	<input type="checkbox"/> Broken skin	<input type="checkbox"/> Stitches	<input type="checkbox"/> Broken bone
Please describe what happened;					
How playful is your dog?					
1. With you?		<input type="checkbox"/> Rarely plays	<input type="checkbox"/> Somewhat playful	<input type="checkbox"/> Very playful	<input type="checkbox"/> NA
2. With children?		<input type="checkbox"/> Rarely plays	<input type="checkbox"/> Somewhat playful	<input type="checkbox"/> Very playful	<input type="checkbox"/> NA
3. With toys?		<input type="checkbox"/> Rarely plays	<input type="checkbox"/> Somewhat playful	<input type="checkbox"/> Very playful	<input type="checkbox"/> NA
4. With other dogs?		<input type="checkbox"/> Rarely plays	<input type="checkbox"/> Somewhat playful	<input type="checkbox"/> Very playful	<input type="checkbox"/> NA
How excitable is your dog?					
1. When visitors arrive to your home?		<input type="checkbox"/> Calm	<input type="checkbox"/> Excited, controllable	<input type="checkbox"/> Excited, difficult to control	<input type="checkbox"/> NA
2. Towards cats or other small animals when on walks?		<input type="checkbox"/> Calm	<input type="checkbox"/> Excited, controllable	<input type="checkbox"/> Excited, difficult to control	<input type="checkbox"/> NA
3. When he sees a cyclist, jogger or skateboarder?		<input type="checkbox"/> Calm	<input type="checkbox"/> Excited, controllable	<input type="checkbox"/> Excited, difficult to control	<input type="checkbox"/> NA
4. When you return home?		<input type="checkbox"/> Calm	<input type="checkbox"/> Excited, controllable	<input type="checkbox"/> Excited, difficult to control	<input type="checkbox"/> NA
5. At feeding time?		<input type="checkbox"/> Calm	<input type="checkbox"/> Excited, controllable	<input type="checkbox"/> Excited, difficult to control	<input type="checkbox"/> NA
6. When you put his lead on?		<input type="checkbox"/> Calm	<input type="checkbox"/> Excited, controllable	<input type="checkbox"/> Excited, difficult to control	<input type="checkbox"/> NA
How obedient is your dog?					
1. In general?		<input type="checkbox"/> Disobedient	<input type="checkbox"/> Somewhat obedient	<input type="checkbox"/> Very obedient	<input type="checkbox"/> NA
2. When you call him to you?		<input type="checkbox"/> Disobedient	<input type="checkbox"/> Somewhat obedient	<input type="checkbox"/> Very obedient	<input type="checkbox"/> NA
3. When you tell him to sit?		<input type="checkbox"/> Disobedient	<input type="checkbox"/> Somewhat obedient	<input type="checkbox"/> Very obedient	<input type="checkbox"/> NA
4. When you walk him to heel?		<input type="checkbox"/> Disobedient	<input type="checkbox"/> Somewhat obedient	<input type="checkbox"/> Very obedient	<input type="checkbox"/> NA
5. When you say to leave objects he should not have?		<input type="checkbox"/> Disobedient	<input type="checkbox"/> Somewhat obedient	<input type="checkbox"/> Very obedient	<input type="checkbox"/> NA

How fearful is your dog?				
1. In general?	<input type="checkbox"/> Confident	<input type="checkbox"/> Somewhat fearful	<input type="checkbox"/> Very fearful	<input type="checkbox"/> NA
2. At the vets?	<input type="checkbox"/> Confident	<input type="checkbox"/> Somewhat fearful	<input type="checkbox"/> Very fearful	<input type="checkbox"/> NA
3. When scolded?	<input type="checkbox"/> Confident	<input type="checkbox"/> Somewhat fearful	<input type="checkbox"/> Very fearful	<input type="checkbox"/> NA
4. Towards loud noises (e.g. thunder, fireworks)	<input type="checkbox"/> Confident	<input type="checkbox"/> Somewhat fearful	<input type="checkbox"/> Very fearful	<input type="checkbox"/> NA
5. Of new people?	<input type="checkbox"/> Confident	<input type="checkbox"/> Somewhat fearful	<input type="checkbox"/> Very fearful	<input type="checkbox"/> NA
6. In new places / situations?	<input type="checkbox"/> Confident	<input type="checkbox"/> Somewhat fearful	<input type="checkbox"/> Very fearful	<input type="checkbox"/> NA
How often does your dog display these behaviours?				
1. Bark or whine when left alone?	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> NA
2. Urinate or defecate when left alone?	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> NA
3. Chew undesirable objects when left alone?	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> NA
4. Scratch at doors or windows when left alone?	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> NA
5. Request to be petted or play with you?	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> NA
6. Sexually mount people, animals or inanimate objects?	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> NA
7. Attempt to escape from you or your home?	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> NA
8. Ingest animal faeces (its own or from other animals)	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> NA
9. Ingest other non-food items (e.g. plastic, wood, cloth)	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> NA
10. Repetitive behaviour for no obvious reason (e.g. circling)	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> NA
11. Repetitively chew or lick parts of its own body without reason	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> NA
Additional Information				
Do you take your dog out to go to the bathroom?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Does your dog have accidents in the house?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Is your dog mostly kept				
<input type="checkbox"/> Indoors		<input type="checkbox"/> Outdoors		
Is your dog crate trained?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unsure
Where is your dog kept when left alone?				
<input type="checkbox"/> Crate		<input type="checkbox"/> Outside		<input type="checkbox"/> Free run of the home
<input type="checkbox"/> Confined to one room/area				
What commands/tricks does your dog know?				
What collar does your dog wear for leash walking?				
<input type="checkbox"/> Flat Collar <input type="checkbox"/> Body harness <input type="checkbox"/> Easy Walker <input type="checkbox"/> Choke collar <input type="checkbox"/> Pinch/Prong collar <input type="checkbox"/> Halti/Gentle Leader <input type="checkbox"/> Martingale Collar				
How much exercise does your dog get in a day?				
Is there any further information you would like to disclose?				