



DOG SURRENDER PROFILE SAVE ONE ANIMAL RESCUE

No one knows and loves your dog the way you do! In order to find the most appropriate home for your dog, please provide as much detail as possible about the history, past veterinary care, likes, dislikes, and quirks of your canine friend. Behavioral and medical issues do not necessarily create problems, but failing to disclose them certainly does!

General Information

Dog's Name _____ Age or approximate age (Birth date) _____

Sex: Male Female Neutered/Spayed Yes No At what Age: _____

Breed: _____ Description _____

What kind of ID does the dog have? Tattoo Microchip None

History

Why are you surrendering your dog? _____

Has the problem been ongoing or recent? _____ When did it first begin? _____

If we could help you resolve this issue, would you be interested in keeping the dog? _____

How long have you owned the dog? _____

Including your current home how many homes has this dog had? _____

Where did you acquire this dog?

- | | | | |
|--|------------------------------------|---|---|
| <input type="checkbox"/> Found as stray | <input type="checkbox"/> From SOAR | <input type="checkbox"/> From another shelter | <input type="checkbox"/> Newspaper Ad |
| <input type="checkbox"/> Friend/relative | <input type="checkbox"/> Pet Store | <input type="checkbox"/> Breeder | <input type="checkbox"/> Born in my house |
| <input type="checkbox"/> Other _____ | | | |

Medical History

Did the dog see a veterinarian at least once per year? Yes No Not sure

Has this dog been hit by a car or required other surgery? Yes No Not sure

If yes, please explain: _____

Has this dog been diagnosed with and/or treated for any of the following: (check all that apply)

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Upper Respiratory Infection | <input type="checkbox"/> Heart murmur |
| <input type="checkbox"/> Epilepsy or seizures | <input type="checkbox"/> Thyroid disease | <input type="checkbox"/> Tumors |
| <input type="checkbox"/> Urinary Tract Infection | <input type="checkbox"/> Organ failure | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Other (please explain) _____ | | |

Name of your veterinarian clinic _____ Phone # _____

Is your dog up to date on his/her vaccinations? Yes No

Please list vaccinations: _____

Is your dog on Heartworm preventative? Yes No
 If yes, do you give heartworm preventative: Yearly 6 months of year 4 months of year
 Other _____ When was the last pill given? _____
 Is your dog protected from fleas/ticks? Yes No
 If yes, what are you currently using? Advantage Frontline Flea Collar Flea Spray
 Flea bath Flea Dip Other _____

Personality

How would you describe your dog most of the time? (check all that apply)
 Very active Friendly to family Friendly to visitors A clown
 Couch potato Shy to family Shy to visitors Playful
 Talkative Affectionate Independent Aloof
 Quiet Withdrawn Playful Fearful
 Dominant Solitary

Play Style/Training

What is your dog's favorite activities/toys? (Check all that apply)
 Tennis balls Chew bones Digs Rope toys Fetch Tug
 Stuffed toys Playing with other dogs Chasing Squeaky toys
 Swimming Frisbee Other _____

What type of training has the dog had? Obedience Classes Professional/Private
 Where? _____ With who? _____
 Home training None Other _____

What does your dog know how to do?
 Sit Come Down Walk on leash Other _____

Lifestyle & Home Life

Where was the dog kept when no one was home?
 Crate Loose in House Garage Fenced Yard Other _____

How many hours of the day, on average, does the dog spend unsupervised? _____

Has the dog ever been kenneled in (check all that apply):
 Crate Veterinarian Shelter Boarding Facility Outdoor Kennel/Dog run
 Other _____

Where did your dog usually sleep at night? (check all that apply)
 In owner's room In child's bed Garage Basement
 In owner's bed Loose in house Crate Other _____

How many hours was the dog kept outside? _____ In the house? _____

Is your yard fenced? Yes No How high is the fence? _____

What is your fence made of? Wood Chainlink Other _____

Does your dog repeatedly escape from your yard? Yes No

If yes, how?

Climbs fence Jumps fence Opens gate Charges out of gate
 Chews/eats through fence
 Digs out Busts/chews through fence

When does the dog escape and how often? All the time (whenever out) At night when dark
 Only occasionally When left alone Daily Weekly
 During the day when at work

What does the dog do when it escapes? Roams/sniffs near house Goes to front door
 Takes off around neighborhood-comes back Takes off around neighborhood-doesn't come back

If your yard is not fenced, how is the dog confined to the property?
 Dog runner Runs loose Knows its boundaries and stays on property
 Dog kennel Invisible fence Tied up Other _____

Is your dog crate trained? Yes No

Is the dog destructive? Yes No

If yes, please describe (check all that apply) Chews when alone Chews windows/doors to get in
 Chews sticks/trees Chews paper/wood Chews furniture Digs at fence line
 Chews windows /doors to get out Chews owners belongings Digs randomly in yard
 Other _____

How your dog acts with other animals

Please describe your dog's behavior around other dogs (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Friendly/Playful | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Frightened |
| <input type="checkbox"/> Gentle/submissive | <input type="checkbox"/> Dominant | <input type="checkbox"/> Ignores |
| <input type="checkbox"/> Roughhouses | <input type="checkbox"/> Fought without injuries | <input type="checkbox"/> Fought with injuries |
| <input type="checkbox"/> Rough with others | <input type="checkbox"/> Gentle with others | <input type="checkbox"/> Has never been around dogs |
| <input type="checkbox"/> Other _____ | | |

Please describe the types of dogs your dog is good or bad with (check all that apply and circle Good or Bad)

- | | | |
|--|---|--|
| <input type="checkbox"/> Large females –Good/Bad | <input type="checkbox"/> Spayed females- Good/Bad | <input type="checkbox"/> Loves all dogs |
| <input type="checkbox"/> Small females- Good/Bad | <input type="checkbox"/> Unspayed females- Good/Bad | <input type="checkbox"/> Doesn't like any dogs |
| <input type="checkbox"/> Large males-Good/Bad | <input type="checkbox"/> Small males-Good/Bad | |
| <input type="checkbox"/> Neutered males-Good/Bad | <input type="checkbox"/> Unneutered males-Good/Bad | |

If this dog lived with cats, how did they interact/ (check all that apply)

- | | | | | |
|---|-------------------------------------|--|--|---------------------------------|
| <input type="checkbox"/> Friendly/Playful | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Frightened | <input type="checkbox"/> Gentle/Submissive | <input type="checkbox"/> Chases |
| <input type="checkbox"/> Has killed | <input type="checkbox"/> Ignores | <input type="checkbox"/> Has never been around | | |
| <input type="checkbox"/> Other _____ | | | | |

Any other animals that live with this dog? Yes No

If yes, please list _____

How your dog acts with children/people

Has the dog regularly been around children? Yes No Not sure

If yes, indicate what ages: 0-2 yrs 2-5 yrs 6-10 yrs 11-18 yrs

How would you describe your dog's behavior around children? (check all that apply)

- | | | | |
|---|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Friendly/Playful | <input type="checkbox"/> Too much for small children | <input type="checkbox"/> Afraid | <input type="checkbox"/> Snappy |
| <input type="checkbox"/> Gentle | <input type="checkbox"/> Never been around children | <input type="checkbox"/> Tolerant | <input type="checkbox"/> Aggressive |
| Other _____ | | | |

Have the experience with the dog and child(ren) always been positive? Yes No

If no, please explain _____

Is this dog most comfortable with Women Men Kids
 Teenagers Seniors Loves all people

How would you describe the ideal home for your dog? _____
Are there any quirks or habits you are not fond of in your dog? _____
Please tell us something you truly love about this dog: _____

Dietary Habits

What is the dog's favorite brand of food? _____
Which does your dog eat? Dry only Canned only Combination of dry & canned
 People food _____
What type of treats does your dog enjoy? _____
When is your dog usually fed? Food always available AM PM Noon
How long does it take your dog to finish his/her meal?
 5-15 minutes Up to an hour Picks at/Never finishes
 Other _____

House Training Habits

Is your dog housebroken? Yes No
If not, how often does the dog have accidents in the house? (check all that apply)
 Urinates-Once daily Urinates-Never Defecates-Once a week Urinates-Once a week
 Defecates-Always Defecates-Always Defecates-Once a day Urinates-Always
 Defecates- Never Other _____
How have you dealt with this problem? Crate Training Yelled at Hit with Newspaper
 Paper Trained Kept outside only Rubbed nose in it Only allowed in some areas
 Other _____

Your Dogs Behavior

Does your dog like to ride in cars? Yes No
How does your dog ride in a car (check all that apply) Get carsick Doesn't get carsick
 Jumps around Sits/Lays quietly Likes to put head out window
Does your dog bark a lot? Yes No
If yes, (please check all that apply) Constantly Just when outside When someone knocks at door
 Inside when left alone
Does the dog quiet down when told? Yes No
Is your dog frightened of anything? (check all that apply)
 Men Women Children Cars/Trucks Cats Vacuums/Brooms
 Loud Noises Water Strangers Lightning/Thunder Large dogs Small dogs
 People in uniform Other _____
Has your dog ever? (check all that apply) Growled Snapped Didn't break skin when bite
 Broke skin when bite Other _____
If so, at whom?
 Adults in home Children out of home Dogs in home Adults out of home
 Strangers at door Dogs out of home Children in home Veterinaria/Groomer
 Other _____

Please describe the circumstance in detail:

Do you feel the dog is protective or possessive? (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Of food-to other dogs | <input type="checkbox"/> Of territory-to other dogs | <input type="checkbox"/> Of people-towards other people |
| <input type="checkbox"/> Of toys-to other dogs | <input type="checkbox"/> Of food-towards people | <input type="checkbox"/> Of territory-towards people |
| <input type="checkbox"/> Of people-to other dogs | <input type="checkbox"/> Of toys- towards people | <input type="checkbox"/> Other _____ |

If any of the above were checked, please describe with the following (check all that apply)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Collects its food/toys | <input type="checkbox"/> Snaps | <input type="checkbox"/> Charges front door | <input type="checkbox"/> Hovers over food/toys |
| <input type="checkbox"/> Attacks/lunges | <input type="checkbox"/> Guards food/toys | <input type="checkbox"/> Growls/Bares teeth | |
| <input type="checkbox"/> Won't allow others in room | <input type="checkbox"/> Barks/growls at strangers | <input type="checkbox"/> Barks/Growls at uniformed people | |
| <input type="checkbox"/> Other _____ | | | |

**THANK YOU FOR TAKING THE TIME TO FILL OUT THIS INFORMATION
ANY OTHER INFORMATION PLEASE LIST BELOW**
