



Canine Surrender Profile

Canine Profile

The following questionnaire provides Elmbrook Humane Society (EBHS) with more information about your dog in order to learn more about his/her behavior. Because your dog is likely to behave in similar ways in his/her new home, this information helps us find the most suitable match for your dog. Your open and honest answers are necessary and appreciated.

Surrender Reason

Please describe why you are applying to surrender your dog to EBHS.

If help could be provided with remedying the reason for surrender, would you be open to keeping the dog? Yes No Possibly

Were you referred by a person or business? Yes No If yes, who: _____

Owner Information

Name (first and last)			Date application submitted	
Street address			City	State
Phone/Type (primary)			Phone/Type (secondary)	Email
Zip code				

Animal Information

Name	Breed	Age	Sex	Altered	Color
				<input type="checkbox"/> Y <input type="checkbox"/> N	

Where did you get your dog from? EBHS Friend/Relatives Newspaper/Online Found/Stray Breeder Pet store

Another Shelter/Rescue: _____ Other (please describe): _____

How long have you had the dog for? _____

Household Information

Please list all people currently living in your home:

Name (first and last)	Age	Name (first and last)	Age
	<input type="checkbox"/> 0-7 yrs <input type="checkbox"/> 7-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+		<input type="checkbox"/> 0-7 yrs <input type="checkbox"/> 7-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+
	<input type="checkbox"/> 0-7 yrs <input type="checkbox"/> 7-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+		<input type="checkbox"/> 0-7 yrs <input type="checkbox"/> 7-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+
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	<input type="checkbox"/> 0-7 yrs <input type="checkbox"/> 7-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+		<input type="checkbox"/> 0-7 yrs <input type="checkbox"/> 7-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+

If children are living in the home, how does the dog react to the children?

Friendly/Social Shy/Scared Tolerant/Indifferent Other (please describe): _____

How does your dog usually behave toward the following (please place an x in all that apply)?

People your dog knows	Never encounter	Friendly	Afraid	Shows teeth/Growls/Barks	Snaps	Bites	None
Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar People	Never encounter	Friendly	Afraid	Shows teeth/Growls/Barks	Snaps	Bites	None
Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animals your dog knows	Never encounter	Friendly	Afraid	Shows teeth/Growls/Barks	Snaps	Bites	None
Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar Animals	Never encounter	Friendly	Afraid	Shows teeth/Growls/Barks	Snaps	Bites	None
Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your dog has bit, did the bite break skin? Yes No Was the bite reported? Yes No Did the bite require medical attention? Yes No

Please explain circumstances of the bite(s) _____

Does your dog react differently when on leash vs. off-leash? Yes No If yes, please explain: _____

Does your dog react differently if an unfamiliar person approaches or enters the house/yard? Yes No

If yes, please explain: _____

What are your dog's bad habits, if any? _____

Do you take your dog for walks? Yes No If yes, how often? _____

Does your dog walk well on leash? Yes No Unsure If no, please explain _____

What type of collar does your dog have? (check all that apply) Buckle Harness-brand: _____ Prong Vibration/Shock collar

Other _____

What toys does your dog like to play with? Balls Frisbee Plush Squeaky Tug Toy None Other _____

What games does your dog like? Fetch Tug Chase Wrestling None Other _____

What is your dog's favorite thing to do? _____

Is your dog afraid of anything? Yes No If yes, please describe _____

Does your dog exhibit any anxiety over anything? Yes No If yes, please describe _____

Is your dog allowed on the furniture? Yes No If yes, please describe _____

Where does your dog usually sleep at night? Crate Floor Dog bed Couch Owner's bed Other: _____

Does your dog receive special treats/enrichment items such as bones, kongs, rawhides, pig ears, or chewies? Yes No

If yes, what did you give your dog and how often? _____

Does your dog do any of the following while enjoying the bone or kong mentioned above? (check all that apply) Growl Snap Show teeth

Bite Other _____ None

What trained behaviors does your dog know? Sit Stay Down Come Heel Shake Other _____

Has your dog attended any training classes? Yes No If yes, where/when? _____

If yes, what type of classes? Treat based/positive Correction/no treats Assertive Other _____

How effective was the training? Very Somewhat Not at all Please explain _____

Does your dog enjoy car rides? Yes No If no, please explain _____

What are your dog's top three (3) best qualities?

1. _____ 2. _____ 3. _____

Medical History

Does your dog see a veterinarian at least once a year? Yes No

If yes, please specify the veterinarian name and contact information:

Veterinarian Name _____ Contact Info _____

Is your dog current on his/her vaccines? Yes No

How does your dog usually behave while at the vet for the following procedures? (please place an x in all that apply)

	Shows teeth/Growls	Snaps	Bites	None
Wellness exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restraint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nail trim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood draw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your dog have to be muzzled at the vet? Yes No

Does your dog have any past or present medical conditions? Yes No If yes, please describe _____

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

What type of food does your dog eat? Kibble Canned Raw Other _____ Brand _____

How often is your dog fed per day? Once Twice Three times Food always available Other _____

What type of dish is your dog fed from? Bowl Plate Puzzle toy/Kong Floor Other _____

***I certify that the above information is accurate and truthful to the best of my knowledge.**

Signature Date

OFFICE USE ONLY		
Staff Member Name	Initials	Date