

**Dog Surrender Profile**

**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. This profile is used to evaluate and place your dog in the most appropriate home. Please be honest!**

**General Information**

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_ **Dog’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where did you get your dog from?**
□ Lloydminster & District SPCA □ Newspaper/website □ Found/stray □ Friend/relative

□ Other shelter/rescue: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* □ Breeder □ Pet Store □ Other: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**How long have you had the dog?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is the main reason you are admitting your dog to us?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What veterinary clinic(s) has your dog visited?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

**When was your dog’s last veterinarian visit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
**Are there any medical concerns we should be aware of?** □ Yes □ No

If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **What type of food does your dog eat?** □ Dry □ Canned □ Both Dry and Canned

 **What brand of food does your dog eat?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Including yourself, how many people of the following ages live in your house?** *(Please fill in the boxes.)*

|  |  |  |
| --- | --- | --- |
| Age range (years) | Female | Male |
| 0-3 |  |  |
| 4-9 |  |  |
| 10-17 |  |  |
| 18-29 |  |  |
| 30-59 |  |  |
| 60+ |  |  |

**What other animals did your dog live with?**

□ No other animals in household□Dog□ Cat
□ Other *(Please describe)*

**Behaviour Information**

**How does your dog *usually* behave toward the following?** *Please check the boxes.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Never encounter** | **Friendly** | **Afraid** | **Shows teeth/ growls** | **Snaps** | **Bites** | **None of these** |
| People your dog knows |  |  |  |  |  |  |
| Men |  |  |  |  |  |  |  |
| Women |  |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |  |
| Unfamiliar people |  |  |  |  |  |  |
| Men |  |  |  |  |  |  |  |
| Women |  |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |  |
| Animals your dog knows |  |  |  |  |  |  |
| Dogs |  |  |  |  |  |  |  |
| Cats |  |  |  |  |  |  |  |
| Unfamiliar animals |  |  |  |  |  |  |
| Dogs |  |  |  |  |  |  |  |
| Cats |  |  |  |  |  |  |  |

 **Does your dog *usually* uncontrollably chase or attempt to chase any of the following?** *Please check all that apply*

□ Joggers □ Bicycles □ Skateboarders □ Cars/motorcycles

□ Birds □ Outdoor Cats □ Small Animals □ Doesn’t chase
□ Other *(please describe)*

**How does your dog *usually* react to does the following?** *Please check boxes.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Never tried** | **Enjoys** | **Allows** | **Afraid** | **Shows teeth/ growls** | **Snaps** | **Bites** | **None of these** |
| Bathe |  |  |  |  |  |  |  |  |
| Brush |  |  |  |  |  |  |  |  |
| Wipe feet |  |  |  |  |  |  |  |  |

**Do you take your dog out to go to the bathroom?**

□ Yes *(please specify how many times per day)*  □ No/paper trained

**Does your dog *usually* have “accidents” in the house?**

□ Yes *(please specify how many times per day)*  □ No

**How long is your dog left alone, without people, during the week?**

□ Never □ 1-3 hours □ 4-8 hours □ 9-12 hours □ Over 12 hours

**When your dog is left alone, is he/she...**
□ Outdoors □ Free in home □ Confined to a room □ In a cage □ Other *(Please describe)*
 **When left alone, does your dog *usually* show any of the following behaviors?** *Please check all that apply.*
□ Destroy household items □ Urinate/defecate □ Bark □ Cry □ None of these

**When you are home, does your dog *usually* show any of the following behaviors?** *Please check all that apply.*
□ Destroy household items □ Urinate/defecate □ Bark □ Cry □ None of these

**Where does your dog spend most of his/her time?**

□ Loose indoors □ Crated indoors □ Loose outdoors, in fenced area
□ Loose outdoors without fence □ Crated outdoors □ Tied outdoors
□ Other *(Please describe)*

**When your dog plays, does he/she typically...** *Please check all that apply.*
□ Jumps □ Growls □ Barks □ Bites lightly □ Bites hard □ None of these

**What toys does your dog like?**
□ Balls □ Frisbee □ Plush □ Squeaky □ Tug Toy □ None □ Other *(Please describe)*

 **What games does your dog like?**

□ Fetch □ Tug □ Chase □ Wrestling □ None □ Other *(Please describe)*

**Is your dog scared of anything?**

□ Yes *(Please describe):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ No

**Is your dog allowed on furniture?** □ Yes □ No

**Where does your dog *usually* sleep overnight?**
□ Crate □ Floor □ Dog bed □ Couch □ Owner’s bed □ Other *(Please describe)*
 **What commands does your dog know?** □ Sit □ Stay □ Down □ Come □ Heel □ Give paw □ No commands
 **Has your dog ever been walked on a leash?** □ Yes □ No
 **Does your dog have problems riding in the car?** □ Yes *(Please describe):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ No  **Has your dog escaped your property 2 or more times in the last 6 months?**  □ Yes □ No
 **To your knowledge, has your dog ever bit to a person?** □ Yes □ No **If yes, please explain the circumstances of the snap or bite.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 **To your knowledge, has your dog ever attacked another dog resulting in severe injury or death?** □ Yes □ No
 **To your knowledge, has your dog ever attacked cats or livestock resulting in severe injury or death?** □ Yes □ No

**What would you like a new owner to know about this dog? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**