



CHAMPAIGN COUNTY HUMANESOCIETY

Dog Relinquishment Questionnaire

Please complete this form as thoroughly and honestly as possible. We strive to give all of the animals at the Champaign County Humane Society the best care possible and in completing this form accurately, you can help us achieve that goal.

OWNER INFORMATION:

Full Name: _____
Last First M.I.

Maiden Name or other names used: _____

Address: _____
Street Address City State Zip code

Phone Number: (____) _____ Email Address: _____

Have you ever adopted an animal from us? Yes No Unsure
Have you ever relinquished an animal to us? Yes No Unsure

ANIMAL INFORMATION:

General History:

Why are you surrendering your pet today? _____

Dog's Name: _____ Nickname: _____

Age or approximate age: _____ How long have you owned this dog? _____

Breed or breed mix: _____

Is this dog a: Male Female Unsure
Has this dog been spayed or neutered? Yes No Unsure
Has this dog been microchipped? Yes No Unsure

Where did you acquire this dog?

CCHS Another shelter Found as a stray
 Friend/relative Pet store Breeder
 Newspaper ad Born in my home Craigslist
 Other _____

If you obtained this animal from another shelter, breeder, or pet store, provide name and location: _____

Medical History:

Name of Veterinary Clinic: _____ Date of last exam: _____

Are the Veterinary records in your name? Yes No

If no, whose name would they be under? _____

Is this dog current on his/her vaccines (Distemper Combo, Rabies, INPB)? Yes No Unsure

Does this dog have any medical problems? Yes No Unsure

If you answered yes, please explain: _____

Is this dog currently on medication? Yes No Unsure

List medications here: _____

Does your dog need to be on a special diet? Yes No Unsure

If you answered yes, what type of special diet? _____

Please check all conditions that your dog has been diagnosed with or has been treated for:

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Urinary tract Infection | <input type="checkbox"/> Kennel Cough | <input type="checkbox"/> Epilepsy/Seizures |
| <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Skin Problems | <input type="checkbox"/> Ringworm | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Organ Failure | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Parvo | <input type="checkbox"/> Heartworm |
| <input type="checkbox"/> Other: _____ | | | |

Does your dog display signs of separation anxiety? Yes No

If yes, please explain: _____

Does your dog display signs of thunderstorm or firecracker anxiety? Yes No

If yes, please explain: _____

How does this dog behave at the vet's office?

- | | | | |
|-------------------------------|----------------------------------|---|--|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Anxious | <input type="checkbox"/> Nips or growls | <input type="checkbox"/> Highly stressed/must be muzzled |
|-------------------------------|----------------------------------|---|--|

Has this dog ever been boarded? Yes No

If you answered yes, how did the animal behave?

- | | | | |
|--|----------------------------------|---|--|
| <input type="checkbox"/> Calm, relaxed | <input type="checkbox"/> Anxious | <input type="checkbox"/> Nips or Growls | <input type="checkbox"/> Highly stressed |
|--|----------------------------------|---|--|

How does this dog do riding in the car? (Mark all that apply)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Calm, relaxed | <input type="checkbox"/> Anxious | <input type="checkbox"/> Highly stressed/Paces | <input type="checkbox"/> Gets car sick |
| <input type="checkbox"/> Drools | <input type="checkbox"/> Barks/whines | <input type="checkbox"/> Sits in front seat | <input type="checkbox"/> Sits in back seat |
| <input type="checkbox"/> Is crated | <input type="checkbox"/> Sticks head out window | | |
| <input type="checkbox"/> Sleeps | | | |

Personality Profile:

Check all traits that describe your dog's personality:

- | | | | |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> Very energetic | <input type="checkbox"/> Very talkative | <input type="checkbox"/> Shy | <input type="checkbox"/> Playful |
| <input type="checkbox"/> Independent | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Very friendly | <input type="checkbox"/> Lap dog |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> A loner | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Goofball |
| <input type="checkbox"/> Lazy | <input type="checkbox"/> Other _____ | | |

What is your dog's favorite style of play? (check all that apply)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Very gentle | <input type="checkbox"/> Enjoys playing fetch |
|--------------------------------------|---|

- Will learn tricks for treats
 - Doesn't show a great interest in playing
 - Other: _____
 - VERY energetic and rambunctious
 - Loves to play with toys
-

Lifestyle and Home Life:

Was this dog: (check all that apply)

- Indoors except to potty
- In and out throughout the day (Doggie Door)
- Outdoors during the day, in at night
- Outside 24 hours

This dog sleeps:

- Inside, on the floor
- Inside, in bed with adults
- In a garage or barn
- Inside, on a dog bed
- Inside, in a bed with children
- Outside, in a dog house
- Inside, on a chair or sofa
- In a crate
- Outside, on ground or under porch

How often does this dog urinate or defecate in an inappropriate place? (check all that apply)

- Never
- The dog has accidents when left alone for long periods
- The dog has accidents everyday
- 2-3 times per week
- Occasionally has accidents
- Accidents are urine only
- Accidents are feces only

While outside, my dog had: (check all that apply)

- No confinement, allowed to run
- Fenced run size ___ft x ___ft
- 3'-4' fence
- Confined in garage or barn
- 6'-8' fence
- Tethered by chain or cable

Have you had any problems keeping this dog confined? (check all that apply)

- No, stays in yard
- Yes, jumps fence
- Yes, digs to get out

Was this dog ever crated? (check all that apply)

- No
- Yes, when left alone for ___ hours

If crated, this dog was: (check all that apply)

- Calm, sleeps
- Cannot be crated (why?) _____
- Anxious, whines, barks drools
- Anxious at first, then calms down

What kind of exercise did this dog receive? (check all that apply)

- Daily walk on lead
- Placed on cable or run outside
- Walked 1-3 times per week on lead
- Put out in fenced yard
- Taken off leash in park/ country
- No regular exercise

Has this dog been around children?

- Yes
- No
- Unsure

If yes, please indicate the age range of the children:

- 0-2 years old
- 2-5 years old
- 6-10 years old
- 11-18 years old

How does this dog behave around children? (check all that apply)

- Very loving
- Protective
- Playful
- Obedient
- Calm
- Acts aggressively (please explain): _____
- Avoids children

Other: _____

How does this dog act around women? (check all that apply)

- Very loving
- Protective
- Playful
- Obedient
- Calm
- Acts aggressively (please explain): _____
- Avoids certain adults

Other: _____

How does this dog act around men? (check all that apply)

- Very loving /obedient Playful Calm Avoids certain adults
 Protective Acts aggressively (please explain): _____

Other: _____

Describe how this dog acts when people come to visit: (check all that apply)

- Quiet Excited/friendly Jumps on them Barks at doorbell or knock on door
 Runs and hides Growls Nips or bites Barks at people once inside
 Pesterters for attention Protective of family Starts out unsure but warms up

Other: _____

Describe how this dog behaves around other **dogs** in the home: (check all that apply)

- There were no other dogs in the home Playful Avoids other dogs
 Fights during certain situations (please explain): _____

Acts aggressively (please explain): _____

Is possessive of certain items (please explain): _____

Describe how this dog behaves around **cats** in the home: (check all that apply)

- Playful Avoids cats Chases cats
 Acts aggressively (please explain): _____

Is possessive of certain items (please explain): _____

There were no cats in the home

How does this dog behave around unfamiliar dogs? (check all that apply)

- Never been around other dogs Friendly Avoids other dogs Playful
 Fights during certain situations (please explain): _____
 Is possessive of certain items (please explain): _____
 Aggressive to all other dogs Other: _____

My dog consistently responds to the following commands: (check all that apply)

- Sit Stay Come Down
 Heel Shake Fetch Other: _____

How does this dog behave on leash? (check all that apply)

- Walks calmly Pulls occasionally Pulls constantly
 Has never been on a leash Fights the lead, bites and struggles

Does this dog have any of the following behaviors you consider a problem? (check all that apply)

- Barks too much Jumps fences Runs away Chews up household items
 Chews up plants Unable to housetrain Marks territory Destroys outside structures
 Digging Plays too rough Growls or bites Fearful
 Guards toys Guards food Too needy Jumps on people
 Aggressive w/strangers Aggressive w/children Aggressive with animals
 Unpredictable, becomes aggressive for no reason Kills other animals

Has this dog ever been aggressive towards people or animals? (check all that apply)

- Yes, has attacked or bit people Yes, has attacked or bit other dogs
 Yes, has attacked or bit a cat Yes, has growled/lunged at people
 Yes, has growled/lunged at other dogs Yes, has growled/lunged at cats
 No, has shown no aggression towards people or other animals

What would you describe to be the perfect home for your dog? _____

Tell us your favorite characteristic about your dog? _____

Dietary Habits:

Which of the following does your dog eat?

- Dry food only Canned food only Combination of dry and canned
 Table scraps Home cooked diet Other: _____

What brand of food did this dog eat?

- Science diet Iams Eukanuba Purina
 Old Roy Other: _____

Please feel free to add additional comments that you think would be helpful to shelter staff or potential adopters:

