



CHAMPAIGN COUNTY HUMANESOCIETY

Dog Relinquishment Questionnaire

Please complete this form as thoroughly and honestly as possible.

Owner Information:

Full Legal Name: _____

Maiden Name or Other Names used: _____

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: _____ Secondary Phone: _____

Email: _____ Secondary Email: _____

Have you ever adopted an animal from CCHS? Yes No

Have you ever relinquished an animal to CCHS? Yes No

Animal Information - General:

Why are you surrendering this pet today? _____

Dog's Name: _____ Nickname(s): _____

Does this dog respond to their name? Yes No Unsure

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

Breed or breed mix: _____

Dog's gender: Male Female Unsure

Has this dog been spayed or neutered? Yes No Unsure

Has this dog been microchipped? Yes No Unsure

Has this dog ever been impounded by any animal control agency or municipality? Yes No

Has this dog ever been declared dangerous by any animal control agency or municipality? Yes No

Has this dog ever been declared vicious by any animal control agency or municipality? Yes No

Where did you acquire this dog?

CCHS Shelter or Rescue Found as a stray Friend/relative Pet store

Breeder Newspaper Ad Born in my home/on my property Craigslist

Other _____

If you obtained this dog from a shelter, breeder, rescue group, or pet store, please provide name and

location: _____

Medical History:

Have you ever taken this dog to a veterinarian or vet clinic? Yes No

Name of Veterinarian/Vet Clinic: _____ Date of last exam: _____

Are veterinary records in your name? Yes No

If no: Whose name are they under? _____

Does this dog have any medical problems? Yes No Unsure

If yes: Please explain: _____

Is this dog currently on a monthly flea preventative? Yes No Unsure

If yes: Date last given? _____ Brand? _____ Type: Topical Oral Collar

Is this dog currently on a monthly heartworm preventative? Yes No Unsure

If yes: Date last given? _____ Brand? _____

Is this dog currently on medication(s)? Yes No Unsure

If yes: List medications here: _____

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

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Urinary Tract Infection | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hyperthyroid | <input type="checkbox"/> Hypothyroid | <input type="checkbox"/> Skin Problems | <input type="checkbox"/> Ringworm |
| <input type="checkbox"/> Organ Failure | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Heartworm | <input type="checkbox"/> Renal Issues |
| <input type="checkbox"/> Other: _____ | | | |

How does this dog **behave at the vet's office?** (Check all that apply)

- Calm, relaxed Anxious Fearful Aggressive Indifferent Needs muzzled/sedated

Does this dog need to be on a special or prescription diet? Yes No Unsure

If yes: What type of special/prescription diet? _____

If no: Which of the following does this dog eat? (Check all that apply)

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

Personality Profile:

Which traits best describe this dog's **personality?** (Check all that apply)

- | | | | | | |
|--|---------------------------------------|--------------------------------------|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Energetic | <input type="checkbox"/> Shy/reserved | <input type="checkbox"/> Talkative | <input type="checkbox"/> Playful | <input type="checkbox"/> Serious | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Fearful | <input type="checkbox"/> Avoidant | <input type="checkbox"/> Solitary | <input type="checkbox"/> Anxious | <input type="checkbox"/> Gentle <input type="checkbox"/> Calm |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Intelligent | <input type="checkbox"/> Destructive | <input type="checkbox"/> Aloof | <input type="checkbox"/> Curious | <input type="checkbox"/> Laid back/lazy |
| <input type="checkbox"/> People-oriented <input type="checkbox"/> Other: _____ | | | | | |

What is this dog's **favorite style of play?** (Check all that apply)

- Gentle Fetch Hide and seek
- Will learn tricks for treats Rough Tug
- Doesn't show a great interest in playing Loves to play with toys Playing with other dogs
- Other: _____

Does this dog have a favorite type of toy(s)? _____

Is this dog destructive with toys? Are they not allowed to have certain types of toys?

- No Yes, they cannot have: _____

Does this dog display any fear of: Loud Noises Thunderstorms Fireworks N/A

Please describe the behavior(s) observed during these times: _____

Is there anything that helped alleviate their discomfort? _____

Lifestyle & Home Life:

Where does this dog spend the majority of their time? (Check all that apply)

- Indoors except to potty Outside 24 hours
 Outdoors during the day and in at night In and out throughout the day

How often does this dog urinate and/or defecate in inappropriate places? (Check all that apply)

- Never The dog has accidents everyday Occasionally has accidents
 Accidents are feces only Accidents are urine only Accidents are urine and feces
 Accidents when company over Accidents when meetings strangers Accidents when left too long
 This dog is trained to use puppy pads

How does this dog behave in the car? (Check all that apply):

- Enjoys car rides Relaxed/calm Gets car sick Fearful of the car
 Has never been in a car Other: _____

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 Yes, can open doors/gates

Was this dog ever crated?

- No Yes - for how long was the animal crated at a time? _____

How does this dog behave in a crate? (Check all that apply)

- Calm, sleeps Whines, barks Anxious at first, then calms down Moves crate
 Has accidents in crate Tries to escape from crate Damages items within reach Drools
 Cannot be crated (why?) _____

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

- Daily walk on lead Walked 1-3 times per week on lead Taken off leash in park/country
 Placed on cable/run outside Put out in fenced yard No regular exercise
 Played with people Played with other dogs Played with cats
 Other: _____

Has this dog been around children? Yes No

Has this dog ever *lived* with children? Yes No

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

If yes: How does this dog behave around children? (Check all that apply)

- Friendly Playful Calm Avoids children Indifferent
 Fearful Aggressive Other: _____

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

- Friendly Playful Calm Fearful Indifferent
 Aggressive Prefers men to women Other: _____

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

- Friendly Playful Calm Fearful Indifferent
 Aggressive Prefers women to men Other: _____

Problem Behaviors & Aggression:

Has this dog displayed any of the following behaviors you consider a problem? (Check all that apply)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Barks too much | <input type="checkbox"/> Jumps fences | <input type="checkbox"/> Runs away | <input type="checkbox"/> Chews up household items |
| <input type="checkbox"/> Chews up plants | <input type="checkbox"/> Not housetrained | <input type="checkbox"/> Marks territory | <input type="checkbox"/> Destroys outside structures |
| <input type="checkbox"/> Digging | <input type="checkbox"/> Plays too rough | <input type="checkbox"/> Growls or bite | <input type="checkbox"/> Steals food/trash |
| <input type="checkbox"/> Guards toys | <input type="checkbox"/> Guards food | <input type="checkbox"/> Too needy | <input type="checkbox"/> Jumps on people |
| <input type="checkbox"/> Door Dashing | <input type="checkbox"/> Sensitive to handling | <input type="checkbox"/> Shed excessively | <input type="checkbox"/> Mounts people or animals |
| <input type="checkbox"/> Chases runners | <input type="checkbox"/> Chases bicycles | <input type="checkbox"/> Chases sprinklers | <input type="checkbox"/> Chases cars |
| <input type="checkbox"/> Chases wildlife | <input type="checkbox"/> Unpredictable aggression | <input type="checkbox"/> Lacks impulse control | |
| <input type="checkbox"/> Aggressive w/children | <input type="checkbox"/> Aggressive w/ animals | <input type="checkbox"/> Aggressive w/ adults | |
| <input type="checkbox"/> Fearful (explain): _____ | | | |
| <input type="checkbox"/> Other: _____ | | | |

Have you ever worked with a private dog trainer, veterinary behaviorist, or animal behavior specialist for behavior issues? No Yes

If yes: What issues and what did they recommend? Was there any improvement? _____

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Yes, has bit people | <input type="checkbox"/> Yes, has growled at people | <input type="checkbox"/> Yes, has lunged at people |
| <input type="checkbox"/> Yes, has bit a cat | <input type="checkbox"/> Yes, has growled at cats | <input type="checkbox"/> Yes, has lunged at cats |
| <input type="checkbox"/> Yes, has bit other dogs | <input type="checkbox"/> Yes, has growled at other dogs | <input type="checkbox"/> Yes, has lunged at dogs |
| <input type="checkbox"/> Yes, other: _____ | | |
| <input type="checkbox"/> No, has shown no aggression towards people or other animals. | | |

Has this dog ever bitten a person or animal? _____

How many times has this dog bit a person? _____

How many times has the dog bit an animal? _____

What kind of animal(s)? _____

If this dog has a bite history, please check off any of the following that describe the bite(s):

- Did not puncture skin. However, there may be skin nicks and slight bleeding caused by forward or lateral movement of teeth against skin, but no vertical punctures.
- 1-4 punctures from a single bite with no puncture deeper than half the length of the dog's canine teeth. Maybe lacerations in a single direction, caused by victim pulling hand away, owner pulling dog away, or gravity (little dog jumps, bites, drops to floor).
- 1-4 punctures from a single bite with at least one puncture deeper than half the length of the dog's canine teeth. May also have deep bruising around the wound (dog held on for ____ seconds and bore down) or lacerations in both directions (dog held on and shook its head).
- There have been multiple-bite incidents with at least two bites that leave a puncture deeper than half the length of the dog's canine teeth.
- The victim died because of the bite.

This dog has displayed the following behaviors (check all that apply):

- Becoming very still and rigid
- Guttural bark that sounds threatening
- Lunging forward or charging at the person/animal with no contact
- Mouthing, as though to move or control the person, without applying significant pressure
- "Muzzle punch" (the dog literally punches the person with his/her nose)
- Growl
- Showing teeth
- Snarl (a combination of growling and showing teeth)
- Air Snap

Who or what does this dog aggress towards? _____

How predictable are the aggressive incidences? _____

When did the aggression start? _____

How often does this dog exhibit aggressive behaviors? _____

What specifically seems to trigger the aggression? Please consider what was going on during the half-hour or so leading up to the incident, and what the dog perceived would happen next. _____

Have you contacted a veterinarian, animal behaviorist, animal behavior specialist, and/or dog trainer about this dog's aggression issues? Yes No

If yes: What did they recommend? Did you see any improvements in the behavior? _____

Please list anything that has been done so far in an attempt to address the aggression: _____

Additional Comments:

Is there anything else we should know about this dog's behavior?

What is your favorite characteristic about this dog?

Please add additional information/comments that would be helpful to the CCHS staff:
