

**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.

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                                     Other \_\_\_\_\_

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

**Medical History:**

Name of Veterinarian: \_\_\_\_\_ Date of last exam: \_\_\_\_\_

Is this dog current on his/her vaccines?     Yes                     No                         Unsure  
 Does this dog have any medical problems?  Yes                     No                         Unsure  
 Is this dog currently on medication?         Yes                     No                         Unsure

List medications here: \_\_\_\_\_

If you answered yes, please explain: \_\_\_\_\_

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: _____    |  |                                       |  |

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

- Calm, relaxed  Anxious  Nips or growls  Highly stressed/must be muzzled

**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 with strangers | <input type="checkbox"/> Shy with some family members |
| <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-couch potato | <input type="checkbox"/> Aggressive         | <input type="checkbox"/> Destructive                  |
| <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"/> Loves playing with other dogs   |
| <input type="checkbox"/> Enjoys playing fetch                     | <input type="checkbox"/> Loves to play with cats         |
| <input type="checkbox"/> Will learn tricks for treats             | <input type="checkbox"/> VERY energetic and rambunctious |
| <input type="checkbox"/> Doesn't show a great interest in playing | <input type="checkbox"/> Loves to play with toys         |
| <input type="checkbox"/> Other: _____                             |  |

**Lifestyle and Home Life:**

Was this dog: (check all that apply)

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

This dog sleeps:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Inside, on the floor       | <input type="checkbox"/> Inside, on a dog bed           | <input type="checkbox"/> Inside, on a chair or sofa        |
| <input type="checkbox"/> Inside, in bed with adults | <input type="checkbox"/> Inside, in a bed with children | <input type="checkbox"/> In a crate                        |
| <input type="checkbox"/> In a garage or barn        | <input type="checkbox"/> Outside, in a dog house        | <input type="checkbox"/> Outside, on ground or under porch |

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Never  | <input type="checkbox"/> 2-3 times per week | <input type="checkbox"/> Occasionally has accidents |
| <input type="checkbox"/> The dog has accidents when left alone for long periods |   | <input type="checkbox"/> Accidents are urine only   |
| <input type="checkbox"/> The dog has accidents everyday                         |   | <input type="checkbox"/> Accidents are feces only   |

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> No confinement, allowed to run | <input type="checkbox"/> 3'-4' fence                | <input type="checkbox"/> 6'-8' fence                |
| <input type="checkbox"/> Fenced run size ___ft x ___ft  | <input type="checkbox"/> Confined in garage or barn | <input type="checkbox"/> 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                       Anxious, whines, barks drools                       Anxious at first, then calms down  
 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 or run outside                       Put out in fenced yard                       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/obedient                       Playful                       Calm                       Avoids children  
 Nips or bites                       Protective                       Growls                       Acts aggressively  
 Other: \_\_\_\_\_

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

- Very loving /obedient                       Playful                       Calm                       Avoids certain adults  
 Nips or bites                       Protective                       Growls                       Acts aggressively  
 Other: \_\_\_\_\_

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

- Very loving /obedient                       Playful                       Calm                       Avoids certain adults  
 Nips or bites                       Protective                       Growls                       Acts aggressively  
 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  
 Pestors for attention                       Protective of family                       Starts outs unsure but warms up  
 Other: \_\_\_\_\_

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

- Playful                       Avoids other dogs                       Fights during certain situations  
 Acts aggressively                       Is possessive of certain items                       There were no other dogs in the home

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

- Playful                       Avoids cats                       Chases cats  
 Acts aggressively                       Is possessive of certain items                       There were no other cats in the home

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

- Never been around other dogs                       Friendly                       Fights during certain situations  
 Avoids other dogs                       Playful                       Aggressive to all other dogs  
 Is possessive of certain items                       Other: \_\_\_\_\_

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

- Never been around cats                       Friendly                       Fights during certain situations  
 Avoids cats                       Playful                       Aggressive towards cats

Chases other cats  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, no pulling  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  
 Separation anxiety  Digging  Plays too rough  Growls or bites  
 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  
 Fearful  Thunderstorm anxiety  Firecracker anxiety

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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your dog have any behaviors, quirks or habits that you are not fond of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***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  Home cooked diet  Other: \_\_\_\_\_

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

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