



Peninsula Regional Animal Shelter
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OWNER SURRENDER DOG QUESTIONNAIRE

To help us find the best home for your dog, please answer the following questions accurately and with the greatest detail possible. Behavioral and medical issues may not necessarily create problems in finding a new home for your dog, but not providing us with all relevant information may prevent us from matching your dog with the right home.

DOG IDENTIFYING INFORMATION

(Please present proof of ownership)

Dog Name: _____ Birthdate: ____/____/____ Age: _____

Check one: Male Neutered Male Female Spayed Female

Breed(s) _____ Color/Markings: _____ Weight: _____

License#: _____ City: _____ Microchip (brand/#): _____

Has your dog bitten any person or animal in the past 10 days? Yes No. If yes, did it break the skin? Yes No

Please explain: _____

Why are you surrendering your dog today? _____

ALTERNATIVES TO SURRENDER

Would you like our professional shelter staff to discuss with you?

- | | |
|--|---|
| <input type="checkbox"/> Pet Food and Supplies Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Re-homing Websites <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Low-Cost Spay and Neuter Program <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Foster-to-Adopt Program <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Behavior Problem Solving <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Low-Cost Vaccination Programs <input type="checkbox"/> Yes <input type="checkbox"/> No |

LIFESTYLE

How long have you had this dog? _____. Including yours, how many homes has the dog had? _____

How many times have you moved house since you've had your dog? _____

Where did you get this dog? Breeder Friend/Family On-line (i.e. Craig's list) Petfinder.com Pet Store Found as Stray Rescue Group Shelter (please specify which Rescue or Shelter) : _____

When you are at home the dog (check all that apply): Is allowed on the furniture Is NOT allowed on the furniture
 Goes Outside Stays by my side Keeps to itself Runs around the house

Where does the dog sleep? In bed with people In own bed on the floor In a crate Outside (_____)

Where does the dog stay when you're not at home? Loose in house Crate inside Confined to a certain room
 Outside Garage-Loose Garage-crate

How do you confine your dog outside? Fenced yard (Chain Link Wood Wire & Post How tall? _____)
 Tie out Electronic containment Kennel/Enclosure (size _____) Dog house available

Has your dog ever escaped confinement? Yes No If yes, please explain _____

What's the longest period of time your dog stays alone _____? Is this successful? Yes No _____

LIFE EXPERIENCE, BEHAVIOR & TRAINING

Does your dog like both adult men and women? Yes No _____

Does your dog have experience with people of different races? Yes No Comments: _____

Has your dog lived with other animals? Yes No If yes, please list kinds, sex and species? _____

With other animals, would you say your dog is Playful Friendly Tolerant Afraid Shy Rough Not around

Has your dog lived with or visited children? Yes No If yes, what sexes and ages? _____

With children, would you say your dog is Playful Friendly Tolerant Afraid Shy Rough Not around

Has your dog ever seen or been around horses or livestock? Yes No. What was your dog's reaction? _____

How does your dog potty? Walks outside Fenced back yard Tie out in yard Uses paper or special pads inside.
Goes in the house (not potty trained)

Does your dog let you know it needs to go out? Yes No If yes, how? _____

How long can your dog "hold it"? Not at all 1-3 hours 4-8 hours 9-12 hours Over 12 hours

Is your dog crate trained? Yes No Metal or Plastic crate?

Has your dog completed formal training classes? Yes No Where/Level? _____

What commands or words does your dog understand? Sit Down/Lay Come Fetch/Get it Stay Leave it
Okay Drop Off Quiet Walk Heel No Treat/Cookie Doesn't know any commands. Other

Does your dog like grooming or bathing? Yes No By: You Groomer How often? _____

If left loose, alone in the house, how does your dog react? Destroys household items Urines Defecates
Barks/Whines Stays calm Other _____

How does your dog react to visitors at the door? Friendly, sits for petting Friendly, jumps on them. Barks
Growls Lunges, shows teeth Other _____

Dog Name: _____

How does your dog behave in the car? Enjoys Resists entering Over-excited Barks/Whines Fine in crate or restraint Sleeps Afraid/drools Vomits Urinate/Defecates Never tried Other

How does your dog react when you or another family member touches your dog's: (check appropriate boxes)	No Reaction	Never Tried	Allows	Lunges	Shows teeth	Growls	Snaps	Bites	Other (please explain)
Head?									
Ears?									
Mouth?									
Collar?									
Paws or feet?									
Tail?									
Rear end?									
Belly?									

How does your dog react when you or another family member... (check appropriate boxes)	No Reaction	Never Tried	Allows	Lunges	Shows teeth	Growls	Snaps	Bites	Other (please explain)
... touches the dog, bowl or food while it is eating?									
... touches the dog or the bone, rawhide, pig ear or other delicious treat it is chewing?									
... touches the dog or its stolen food item.									
... touches the dog or its stolen object (tissue, shoe, sock etc.)?									
... touches the dog or touches a toy while in the dog's mouth?									
... takes a toy from the dog?									
... moves or touches the dog while it is sleeping?									
... asks, pushes, or pulls the dog to get it off furniture or bed?									
... approaches the dog while it is next to another family member?									
... hugs the dog?									
... picks up the dog?									
... trims the dog's nails?									

What are your dog's favorite treats or toys? _____

What are your dog's favorite activities? _____

What are some of your dog's shining qualities? _____

How would you describe your dog's personality? _____

Is there anything else you would like for us to know about your dog? _____

Dog Name: _____

HEALTH AND MEDICAL HISTORY

Did you bring a vaccination record with you? Yes No. Is your dog's rabies vaccine current? Yes No

Vaccine or Preventative	Date Given	Date Expires	Brand
Rabies			
Dhlpp			
Bordatella			
Flea and tick			
Heartworm			

Who is your veterinarian or where do you have your dog's vaccinations done? _____

How does your dog behave at the vet? Well-behaved; tolerant Scared Must be muzzled.

What kind, brand and amount of food does your dog eat? _____

What medications is your dog currently taking (name and dose)? _____

Is your dog currently experiencing any of these conditions (check and circle all that apply)?

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Blind | <input type="checkbox"/> Deaf | <input type="checkbox"/> Demodex mange | <input type="checkbox"/> Sarcoptic Mange |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Constipation | <input type="checkbox"/> Rapid weight loss/gain | <input type="checkbox"/> Hair loss |
| <input type="checkbox"/> Loss/Increase Appetite | <input type="checkbox"/> Increase/Decrease drinking | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Unusual lumps |

Has your dog been diagnosed with or treated for any of these (check and circle all that apply)?

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Ear infections | <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Skin Allergies | <input type="checkbox"/> Worms |
| <input type="checkbox"/> Eye infections | <input type="checkbox"/> Heat Stroke | <input type="checkbox"/> Bloat/gastritis | <input type="checkbox"/> Kennel Cough |
| <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Lyme Disease | <input type="checkbox"/> Arthritis/Joint pain | <input type="checkbox"/> Irritable bowel |
| <input type="checkbox"/> Hip Dysplasia | <input type="checkbox"/> Tumors | <input type="checkbox"/> Cancer | <input type="checkbox"/> Cataracts |
| <input type="checkbox"/> Entropian/Ectropian eye | <input type="checkbox"/> Seizures | <input type="checkbox"/> Surgery | <input type="checkbox"/> Broken bones |

Please explain any health conditions listed above. _____

Dog Name: _____

We will need you to sign our Release Form so that Peninsula Regional Animal Shelter may take legal ownership of your dog.

Dog Name: _____