



THE HUMANE SOCIETY OF ELMORE COUNTY

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Wetumpka, AL 36092

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DOG Surrender Information

General History:

Why are you surrendering your dog today? _____

If we could help you resolve the issues surrounding the surrender of your dog would you be interested in keeping your dog? _____ **If yes, please stop here & contact us via phone/email to speak with one of our staff.**

Dog's Name: _____ Nickname: _____

Age or approximate age: _____ How old was this dog when you acquired him/her? _____

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

How long have you owned this dog? _____

Including your home, how many homes has this dog had? _____

Where did you acquire this dog?

- | | | |
|---|--|---|
| <input type="checkbox"/> This Shelter | <input type="checkbox"/> Another shelter | <input type="checkbox"/> Found as a stray |
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Pet store | <input type="checkbox"/> Breeder |
| <input type="checkbox"/> Free-to-good-home ad | <input type="checkbox"/> Born in my home | <input type="checkbox"/> Other _____ |

Medical History:

Did this dog receive annual exams by a veterinarian? Yes No Unsure

Name of Veterinarian: _____

Is this dog current on his/her rabies vaccination? Yes No Unsure

Does this dog have any medical problems or previous injuries that require special attention or a special diet? Yes No Unsure

Explain: _____

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"/> Parvovirus | <input type="checkbox"/> Heart Worms |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Other: _____ | |

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

- Calm, relaxed Anxious, but calms down Anxious, nips and growls
 Very stressed, must be muzzled to avoid biting

.....
Personality Profile:

Check all traits that best describe your canine friend's personality:

- | | | |
|---|--|--|
| <input type="checkbox"/> Very energetic | <input type="checkbox"/> Shy to strangers | <input type="checkbox"/> Shy with some family members |
| <input type="checkbox"/> Talkative | <input type="checkbox"/> Playful | <input type="checkbox"/> Friendly/affectionate to family members |
| <input type="checkbox"/> Independent | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Lap dog – loves attention |
| <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"/> Other _____ |

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

- | | |
|---|--|
| <input type="checkbox"/> Very gentle | <input type="checkbox"/> Enjoys playing fetch |
| <input type="checkbox"/> Likes to play with other dogs | <input type="checkbox"/> Likes 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"/> Likes to play with toys |
| <input type="checkbox"/> Other: _____ | |

Lifestyle & Home Life

Was this dog (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Indoors except to potty | <input type="checkbox"/> Outdoors during the day, in at night | <input type="checkbox"/> In and out throughout the day: |
| hours outside: _____ | hours inside: _____ | <input type="checkbox"/> Outside 24 hours |

This dog sleeps (check all that apply):

- | | | |
|---|---|--|
| <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 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 |

Is this dog housebroken?

- | | | |
|---|---|---|
| <input type="checkbox"/> Yes, completely | <input type="checkbox"/> No, has frequent accidents | <input type="checkbox"/> Mostly, has occasional accidents |
| <input type="checkbox"/> Only has accidents while left alone for long periods | <input type="checkbox"/> Accidents are urine only | |
| <input type="checkbox"/> Accidents are bowel movements only | | |

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

- | | | |
|---|--|---|
| <input type="checkbox"/> No confinement, allowed to run loose | <input type="checkbox"/> 6'-8' privacy fence | <input type="checkbox"/> 3'-4' chain link fence |
| <input type="checkbox"/> Fenced run-size: _____ ft. x _____ ft. | <input type="checkbox"/> Confined in garage | <input type="checkbox"/> Tethered by chain or cable |

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

- | | | |
|--|---|---|
| <input type="checkbox"/> No, stays in yard | <input type="checkbox"/> Yes, jumps fence | <input type="checkbox"/> Yes, digs to get out |
|--|---|---|

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

- | | | |
|---|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, for car rides | <input type="checkbox"/> Yes, when left alone for _____ hours at a time |
| <input type="checkbox"/> Yes, daily-from _____ to _____ | | |

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

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Calm, sleeps | <input type="checkbox"/> Anxious, whines, barks, drools | <input type="checkbox"/> Anxious at first, then calms down |
|---------------------------------------|---|--|

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Daily walk, on lead | <input type="checkbox"/> Walked 1-3 times per week, on lead | <input type="checkbox"/> Taken to off-leash park or the country to |
| <input type="checkbox"/> run loose for a period | <input type="checkbox"/> Placed on cable or run outside | <input type="checkbox"/> Put out in fenced yard |
| <input type="checkbox"/> No regular exercise period | | |

Has this dog regularly been around children? Yes

No

Not Sure

If yes, please indicate the age range of 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)

- Submissive, obedient Playful Calm Avoids certain children in family
 Easy for play to get out of control Protective
 Other _____

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

- Submissive, obedient Playful Calm Avoids certain adults in family
 Easy for play to get out of control Protective
 Other _____

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

- Quiet Excited or friendly Jumps up on them Barks at doorbell or knocking at the door
 Barks at people once they are inside Runs and hides, doesn't come out Sticks close to family members while visitors are around
 Continually pesters visitors for attention Starts out unsure, then gradually warms up and is friendly
 Protective, growls when visitors reach toward a family member
 Other _____

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

- Never been around other dogs Friendly, no fighting Fight over certain situations or possessions
 Didn't really care, avoided other dogs Did not get along at all, constantly fought
 This dog picked on other dogs Other dogs picked on this dog

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

- Never been around cats Friendly, no fighting Fight over certain situations or possessions
 Didn't really care, avoided one another Did not get along at all, constantly fought
 This dog picked on cats Cats picked on this dog

My dog knows: (check all that apply)

- Sit Stay Come Down Heel Shake Fetch Other _____

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

- Has experience, walks calmly, no pulling Pulls occasionally, but mostly does well
 Pulls constantly Fights the lead, bites and struggles
 No experience on leash

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

- Barks too much Jumps fences Runs away when escapes Chews up household items Chews up plants or outdoor structures
 Unable to housetrain Sprays/marks with urine inside the house
 Separation anxiety Digging Too bold and rough to deal with, nips during play Growls or attempts to bite when food, treats or toys are present
 Jumps up on people Under foot constantly
 Insecure, too needy Aggressive with strangers Aggressive with children Unpredictable, sometimes becomes aggressive for no reason
 Aggressive toward other animals Kills other animals Fearful

How is this dog disciplined? (check all that apply)

- Firmly tell dog no; try to reward good behavior Yelling, scolding Body gestures, arms waving, etc.
 Physical contact-hitting, swatting, kicking Locked away for time-out Thrown outside Physically taken over to mess, nose rubbed in it
 Discipline handed out when the mess is found Ignore it, clean up mess, try to catch the dog in the act to teach corrective behavior Cesar Milan type methods

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? (please describe in detail, along with what you tried to do to correct these behaviors) _____

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 other animals
 Yes, has growled at or lunged at people Yes, has growled at or lunged at dogs
 Yes, has growled at or lunged at other animals No, has shown no aggression towards animals or people

Dietary Habits

What brand of food did this dog eat?

- Premium brand (Science Diet, Eukanuba) Grocery store brand (Purina, Old Roy)
 Generic brand (Sam's brand, Dollar Store) Home cooked diet Raw Diet
 Prescription Diet – which one? _____

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 _____

Do you feed your dog treats? no yes What kind? _____

How often was this dog fed?

- Once daily Twice daily Food always available Other _____

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

Thank you for providing us with these details about your furry friend. Please be sure to do your part to control the problem of pet overpopulation. Have all of your animals spayed and neutered (ask us how!), and recommend to your friends, family members and co-workers the adoption option.... Save the life of one of 8 million plus animals entering animal shelters across the United States every year.