



3100 Cherry Hill Road • Ann Arbor, MI 48105  
734-662-5585 • www.hshv.org

# Owner Relinquish Profile - Dogs

**To enable us to find the best possible home for this dog, please fill in the information below as completely and accurately as possible.**

1. What is your dog's Name: \_\_\_\_\_
2. How old is your dog: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Spay/Neutered?: \_\_\_\_\_
3. What breed is your dog? \_\_\_\_\_
4. Why are you surrendering this dog? \_\_\_\_\_
5. How long have you had this dog? \_\_\_\_\_ Where did you get this dog? \_\_\_\_\_
6. What other types of pets did this dog live with? \_\_\_\_\_
  - How did your dog interact with the other dogs?
    - Enjoy each other's company
    - Tolerate/Ignore each other
    - Run/Hide
    - Fight
  - How did your dog interact with the cats?
    - Enjoy each other's company
    - Tolerate/Ignore each other
    - Run/Hide
    - Fight
7. List the ages of the children in the household? \_\_\_\_\_
8. Did the dog enjoy being around the children or did he prefer to be left alone? \_\_\_\_\_
9. Where did this dog spend most of its time?  Always outside  Mostly outside  In garage  
 Outside unless we were home  In a crate  In or out at will  Always inside
10. When you are away, where does the dog stay?  Crate  Other \_\_\_\_\_
  - How long are you generally away? \_\_\_\_\_
  - Is the dog comfortable being alone?  Yes  No, describe behavior \_\_\_\_\_
11. What form of exercise does this dog get? \_\_\_\_\_
12. When your dog is outside, is he confined by  Fence  Chain or tie out  Invisible fence
13. Does the dog act afraid or nervous in certain situations?  Yes  No  
If yes, describe situation & behavior \_\_\_\_\_
14. Can you easily take an object away from the dog?  Yes  No  
If no, describe \_\_\_\_\_
15. Has this dog ever snapped or bitten anyone?  Yes  No  
If yes, whom did he snap or bite? \_\_\_\_\_
16. How do you discipline or correct the dog? \_\_\_\_\_
17. Is this dog house trained?  Yes  No  Almost
18. What type and brand of food do you feed the dog? \_\_\_\_\_
  - How much does the dog eat a day? \_\_\_\_\_
  - What treats does the dog prefer? \_\_\_\_\_
19. When was this dog last seen by a veterinarian? \_\_\_\_\_ Veterinarian name \_\_\_\_\_
20. How would you rate your dog's energy level?  Very Low  Low  Medium  High  Very High
21. How would you rate your dog's temperament?  Friendly  Calm  Gentle  Timid  Scared  Nervous

**Please Indicate ALL Known Behavior Traits: (please check all that apply)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Barks frequently    | <input type="checkbox"/> Runs Away      | <input type="checkbox"/> Good with Cats      |
| <input type="checkbox"/> Digs Holes          | <input type="checkbox"/> Jumps Fences   | <input type="checkbox"/> Good with Children  |
| <input type="checkbox"/> Chews Destructively | <input type="checkbox"/> Good with Dogs | <input type="checkbox"/> Rides Well in a Car |

22. What are this dog's best qualities (cute or nice things)? \_\_\_\_\_
23. If you could change one of the dog's bad habits, what would it be? \_\_\_\_\_
24. Additional comments?  Yes (note on back in *Owner Comment Section*)

**Owner Comment Section:**

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**----- HSHV Use Only -- Additional Bite Details (required for yes to question 16) -----**

Description of circumstances:

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Was food or a treat involved?  Yes  No

Was the dog sleeping?  Yes  No

Did the bite break the skin?  Yes  No

Were children involved in the interaction or situation?  Yes  No

Is there a history or other sign of aggression?  Yes  No

Overall Comments:

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