



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

HSHV Use Only: Animal ID: _____

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? _____

Ownership History:

4. Has dog been at HSHV before (i.e. adopted, clinic services, lost/stray)? No Yes Don't know
5. How long have you had this dog? _____ Where did you get this dog? _____
Do you know why the previous owner gave away? _____
6. Why are you surrendering this dog? _____

Bite History:

7. Has this dog ever bitten anyone? Yes No How long ago was the bite? _____
If yes, did the bite break the skin Yes No
Please describe circumstances: _____

Was food or a treat involved? Yes No Were children involved? Yes No
Was the dog sleeping? Yes No Is there a history of bites/aggression? Yes No

Household Information:

8. List children in your household and any other children your dog had significant interaction with:

Child's Age	Lives in Household or Other Relationship	Interaction Behavior
_____	_____	<input type="checkbox"/> Enjoy <input type="checkbox"/> Tolerate <input type="checkbox"/> Prefers Left Alone
_____	_____	<input type="checkbox"/> Enjoy <input type="checkbox"/> Tolerate <input type="checkbox"/> Prefers Left Alone
_____	_____	<input type="checkbox"/> Enjoy <input type="checkbox"/> Tolerate <input type="checkbox"/> Prefers Left Alone
_____	_____	<input type="checkbox"/> Enjoy <input type="checkbox"/> Tolerate <input type="checkbox"/> Prefers Left Alone

Please describe additional details _____

9. List other pets in your household with the dog and interaction:

Species/Breed	Dog Size	Age	Sex	Sterilized (Y/N)	Interaction Behavior
_____	_____	_____	_____	_____	<input type="checkbox"/> Enjoy <input type="checkbox"/> Tolerate <input type="checkbox"/> Prefers Left Alone <input type="checkbox"/> Fight
_____	_____	_____	_____	_____	<input type="checkbox"/> Enjoy <input type="checkbox"/> Tolerate <input type="checkbox"/> Prefers Left Alone <input type="checkbox"/> Fight
_____	_____	_____	_____	_____	<input type="checkbox"/> Enjoy <input type="checkbox"/> Tolerate <input type="checkbox"/> Prefers Left Alone <input type="checkbox"/> Fight
_____	_____	_____	_____	_____	<input type="checkbox"/> Enjoy <input type="checkbox"/> Tolerate <input type="checkbox"/> Prefers Left Alone <input type="checkbox"/> Fight

Please describe additional details _____

If other dogs remain in the home, why was this dog selected for surrender? _____

Dog Personality & Lifestyle:

- 10. 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

Please describe _____

- 11. 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 _____

- 12. What form of exercise does this dog get? Walks Play in yard Dog park Other

Please describe when & how often _____

- 13. When your dog is outside, is he confined by Fence Chain or tie out Invisible fence

Please describe _____

- 14. When was this dog last seen by a veterinarian? _____ Veterinarian Name & City _____

How does the dog react to the veterinarian? Shy Aggressive Friendly

- 15. Please describe any health concerns _____

- 16. What type and brand of food do you feed the dog? Wet Dry Brand: _____

How often fed? _____ How much per day? _____

- 17. Does the dog act afraid or nervous in certain situations? No Yes, please describe

Please describe _____

- 18. Can you easily take an object away from the dog? Yes No, please describe

Please describe _____

- 19. How do you discipline or correct the dog? _____

- 20. Is this dog house trained? Yes No Almost

No or Almost, please describe _____

- 21. How would you rate your dog's energy level? Very Low Low Medium High Very High

- 22. How would you rate your dog's temperament? Friendly Calm Gentle Timid Scared Nervous

- 23. Does this dog know any obedience commands? Sit Stay Shake Other _____

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 |

- 24. What are this dog's best qualities (cute or nice things)? _____

- 25. If you could change one of the dog's bad habits, what would it be? _____

Additional Comments: _____
