



3100 Cherry Hill Road • Ann Arbor, MI 48105
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Owner Relinquish Profile - Dogs

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

Basic Information

1. What is your dog's name? _____
2. How old is your dog? _____ Male or Female? _____ Spay/Neutered?: _____
3. What breed is your dog? _____
4. Why are you surrendering your dog? _____

5. Is there something HSHV could do to help you keep your dog? If yes, please describe (examples: low-cost medical care or spay/neuter, behavioral advice, providing dog food): _____

6. Where did you get your dog? _____ How long have you had him/her? _____
7. If you were not the first/original owner, do you know why the previous owner couldn't keep him/her?

8. Does your dog have a microchip? Yes No
If yes: What brand is it? _____ At what facility was it implanted? _____

Family/Home Life

9. Including yourself, how many people in each of the following age groups live in your house?

Age Range (in years)	Female	Male
0-3		
4-9		
10-17		
18-29		
30+		

10. How does your dog behave around other dogs? _____

11. How does your dog behave around cats? _____

12. How does your dog behave around unfamiliar people? _____

13. How would you describe your dog's behavior with children under 5 (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> I don't know- my dog isn't around kids under 5 | <input type="checkbox"/> Nervous/uncomfortable |
| <input type="checkbox"/> Calm/Comfortable | <input type="checkbox"/> Chases/Herds |
| <input type="checkbox"/> Protective | <input type="checkbox"/> Mouthy/nippy |
| <input type="checkbox"/> Playful/happy | <input type="checkbox"/> Avoids |
| <input type="checkbox"/> Jumpy/clumsy (accidentally knocks them down) | <input type="checkbox"/> Growls/may snap or bite |
| | <input type="checkbox"/> Prefers older kids/teens |

14. Where did your dog spend most of his or her time? Always outside Mostly outside In garage
 Outside unless we were home In a crate In or out at will Always inside

15. How long are you generally away (daily)? _____

16. Is your dog comfortable being alone? Yes No

If you answered no, which of these behaviors occur when your dog is left alone? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Destroys furniture/household items | <input type="checkbox"/> Goes to the bathroom in the house |
| <input type="checkbox"/> Breaks out of crate/room | <input type="checkbox"/> Excessive Grooming |
| <input type="checkbox"/> Excessive Barking | <input type="checkbox"/> Other _____ |

Has your dog ever injured him/herself doing any of these things? Yes No

If yes, please describe: _____

17. When you are home, how does your dog interact with you or other family?

- Likes to do his or her own things Often by someone's side Stuck to us like glue

18. When your dog is outside, is he/she confined by Fence Chain or tie out Invisible fence

Nothing- Please describe: _____

19. Has your dog escaped your property more than 2 times in a 6 month period? Yes No

If yes, were you able to correct the problem? Yes No

If yes, how did you correct the problem? _____

20. Where does your dog sleep at night? (Please check any that apply)

- Confined in a crate
- Loose in house- sleeps in crate
- Confined to one room
- Sleeps on dog bed
- Sleeps with adult family member
- Sleeps with child family member
- Sleeps on couch/chair
- Other _____

21. What form of exercise does your dog get? Walks Play in yard Dog park Jogs/Runs Other

How often do they get exercise? _____

Behavior and Training

22. Does your dog act afraid or nervous in certain situations? No Yes

If yes, what behaviors have you noticed? (Check any that apply)

- Hides/Runs Away
- Shakes
- Bites
- Growls
- Other _____

23. What is your dog afraid of? _____

24. How does your dog react to thunder/fireworks/loud noises?

- Not afraid
- Nervous, but able to tolerate
- Very scared (hides, unable to be comforted, trembles)

If very scared, what have you tried to make your dog feel better? _____

Did it work? Yes No Somewhat

25. Can you easily take an object away from your dog?

- Yes
- No, Please describe _____

26. What do you do when your dog does something wrong? _____

27. Is your dog house trained? Yes No Almost

No or Almost, please describe _____

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

29. Which of the following would you use to describe your dog? (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Intelligent | <input type="checkbox"/> Happy-go-lucky |
| <input type="checkbox"/> Protective of family | <input type="checkbox"/> Alert | <input type="checkbox"/> Confident |
| <input type="checkbox"/> Loyal | <input type="checkbox"/> Easy to train | <input type="checkbox"/> Dominant |
| <input type="checkbox"/> One-person dog | <input type="checkbox"/> Difficult to train | <input type="checkbox"/> Easily startled |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Eager to please | <input type="checkbox"/> Shy/timid |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Outgoing/social |
| <input type="checkbox"/> Goofy | <input type="checkbox"/> Loves to run | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Energetic | <input type="checkbox"/> Easy going | <input type="checkbox"/> Aloof/uninterested in people |
| <input type="checkbox"/> Hyper | <input type="checkbox"/> Couch Potato | <input type="checkbox"/> Jealous of other animals/people |

30. Have you used any of the following items/training tools with your dog? (check all that apply)

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> collar | <input type="checkbox"/> retractable leash |
| <input type="checkbox"/> shock collar | <input type="checkbox"/> clicker |
| <input type="checkbox"/> choke collar | <input type="checkbox"/> spray bottle/shaker can |
| <input type="checkbox"/> prong collar | <input type="checkbox"/> training class |
| <input type="checkbox"/> harness | <input type="checkbox"/> one-on-one with trainer |

31. How does your dog behave when being walked on a leash?

- Easy, loves it Pulls/tugs Bites leash Unknown

32. Does your dog know any obedience commands? Sit Stay Shake Other _____

"Tricks," please describe _____

33. Please indicate all known behavior traits: (please check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Barks frequently | <input type="checkbox"/> Chews Destructively | <input type="checkbox"/> Counter "Surfer" |
| <input type="checkbox"/> Digs Holes | <input type="checkbox"/> Runs Away | <input type="checkbox"/> Herding |
| <input type="checkbox"/> Good with Dogs | <input type="checkbox"/> Jumps Fences | <input type="checkbox"/> Hates Car Rides |
| <input type="checkbox"/> Good with Cats | <input type="checkbox"/> Rides Well in a Car | <input type="checkbox"/> Begs for People Food |
| <input type="checkbox"/> Good with Children | <input type="checkbox"/> Nervous around Men | |

34. If you could change one of your dog's bad habits, what would it be? _____

Medical Background

35. When was your dog last seen by a veterinarian? _____ Vet Clinic & City _____

36. Does your dog ever growl, or try to bite at the vet office or groomer? Yes No

If yes, please describe: _____

37. Does your dog need to be muzzled at the vet or groomer? Yes No

If yes, does the muzzle help? Yes No

38. Is your dog sensitive about being touched? Not sensitive Feet Ears Mouth Hind end

Other _____

39. Please describe any current or past health concerns _____

Is your dog currently on medications? No Yes, describe _____

Suppertime!

40. What type and brand of food do you feed your dog?

Dry Brand: _____ Wet/canned Brand: _____

How often fed? _____ How much per day? _____

41. What are your dog's favorite treats? _____

42. Would you describe your dog as a picky eater? No Yes

If yes, please describe _____

43. What does your dog do when you approach him/her while eating, or if you try to take the food bowl away?

- | | |
|--|---|
| <input type="checkbox"/> Doesn't care/keeps eating | <input type="checkbox"/> Snaps/tries to bite |
| <input type="checkbox"/> Stops eating | <input type="checkbox"/> Will definitely bite |
| <input type="checkbox"/> Stiffens/growls | |

44. What does your dog do when a child approaches the food bowl while he or she is eating?

- | | |
|--|---|
| <input type="checkbox"/> Doesn't care/keeps eating | <input type="checkbox"/> Snaps/tries to bite |
| <input type="checkbox"/> Stops eating | <input type="checkbox"/> Will definitely bite |
| <input type="checkbox"/> Stiffens/growls | <input type="checkbox"/> Not applicable |

These are a few of my favorite things...

45. Please indicate your dog's favorite things: (please check all that apply)

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Rawhide | <input type="checkbox"/> Frisbee | <input type="checkbox"/> Squeaky Toys |
| <input type="checkbox"/> Nylabone | <input type="checkbox"/> Fetch | <input type="checkbox"/> Plush/Soft Toys |
| <input type="checkbox"/> Deer Antler | <input type="checkbox"/> Bully Sticks | <input type="checkbox"/> Couch/Furniture |
| <input type="checkbox"/> Kong | <input type="checkbox"/> Food puzzles | <input type="checkbox"/> Dog Bed/Crate |
| <input type="checkbox"/> Rope toys (tug-of-war) | <input type="checkbox"/> Tennis Balls | <input type="checkbox"/> Agility/Flyball |

46. What are your dog's best qualities (cute or nice things)? _____

47. Who is your dog's favorite person? _____

Please leave any additional comments about your dog below:
