



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 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)? \_\_\_\_\_

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47. Who is your dog's favorite person? \_\_\_\_\_

Please leave any additional comments about your dog below:

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