



SafeHaven Humane Society
 33071 Highway 34 SE • P.O. Box 2018 • Albany, OR 97321
 (541) 928- 2789 • www.safehavenhumane.com

SafeHaven is a Non-Profit, Privately Funded, Full-Adoption Shelter



Dog Surrender Questionnaire

This information will help us match your dog with the appropriate new owner.

Dogs can't talk, so to ensure that their home is a safe, happy and appropriate place for your dog to live, we need you to fill out this form in as much detail as possible. Detail and honest information from you is crucial to our placement process, so please take the time to fill in this profile with care and accuracy.

Undesirable behaviors and medical issues do not necessarily create problems in placement, however, not disclosing those problems definitely does.

Has your dog ever bitten anyone or any animal? YES NO

If Yes did the bite break skin? YES NO

(If yes was it within the last 10 days? Yes No)

Has your dog ever injured or killed another animal? YES NO

If yes please explain: _____

If YES to any of the above questions please inform staff.

General Information:

Dog's Name _____ Dog's age or approximate age _____

Dog's Sex: Male Female Unsure Is Dog spayed/ neutered? Yes No

What kind of ID does your dog have? Tattoo (If so, where is it located?) _____

Microchip (If so, what brand?) _____

How did you obtain this dog? Adopted from SafeHaven Pet Store

Friend/Relative Breeder Found/Stray Other Shelter/Rescue Other

How long has your dog lived with you? _____

Including yours how many homes has this dog had? _____

Please explain why you are releasing this dog: _____

Health and Grooming:

Has your dog ever been to see a veterinarian? YES NO
If YES how long ago was the dog examined? _____
Current Veterinarian: _____ Clinic: _____ Phone # _____
How does the dog act at the Vet? _____
Does your dog need to be muzzled? YES NO
When was your dogs last vaccination? _____
Does your dog have a current rabies vaccine? YES NO
~If yes when does it expire _____
Does your dog have a Microchip or Tattoo? YES NO
Microchip # _____ Location of Tattoo: _____
Are you aware of any health issues your dog has? YES NO ~If YES please explain: _____
Is your dog currently on any medication? YES NO ~If Yes please explain: _____

How does your dog react to bathing and/or brushing? _____
How does your dog react to having his/her nails trimmed? _____
Is there any body part that your dog does not like having touched? _____

Home Life

Please check all animals that your dog has lived with:

Male dogs Female dogs Small animals (what kind?) _____ caged or loose
 Male Cats Female Cats Farm Animals (what kind?) _____
 Other (Please explain) _____

Describe your dogs behavior around other dogs. (Check all that apply)

<input type="checkbox"/> Never been Around	<input type="checkbox"/> Adores	<input type="checkbox"/> Friendly/Playful
<input type="checkbox"/> Aggressive with all dogs	<input type="checkbox"/> Bossy	<input type="checkbox"/> Frightened
<input type="checkbox"/> Ignores or indifferent	<input type="checkbox"/> Gentle/Submissive	<input type="checkbox"/> Plays Rough
<input type="checkbox"/> Aggressive with same sex	<input type="checkbox"/> Other (Please Explain) _____	

Does your dog play better with: Male dogs Female dogs Both Neither

Would you recommend placing this dog in a home with other dogs? Yes No
 Doesn't Matter If no, please explain: _____

Please describe your dogs behavior around cats. (Check all that apply)

<input type="checkbox"/> Never been around cats	<input type="checkbox"/> Respectful	<input type="checkbox"/> Friendly/Playful
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Has killed a cat	<input type="checkbox"/> Frightened
<input type="checkbox"/> Ignores or Indifferent	<input type="checkbox"/> Gentle/Submissive	<input type="checkbox"/> Chases for fun
<input type="checkbox"/> Chases to harm	<input type="checkbox"/> Other (please explain) _____	

Would you recommend placing this dog in a home with cats? Yes No
 Doesn't matter. If no, please explain:_____

Where does your dog sleep at night? (Check all that apply)

Loose inside house In garage Outside In Child's room
 Confined to one room In Adult's room On my bed On dog bed
 Couch or Chair Crate On child's bed
 Other (Please explain)_____

Where was your dog kept when no one was home?

Free Run of the house Crated In fenced yard
 In garage or basement Confined to one room
 Outside on chain or runner Electronic pet containment
 Other (Please explain)_____

How many hours did your dog spend outside?

None Less than an hour 1-2 hours
 3-4 hours More than 5 Lived Outdoors
 Allowed inside only at night Other (please explain)_____

How was your dog confined when outdoors?

Fenced yard Electronic Pet Containment Dog house
 Tied out (on chain or runner) Kennel or enclosure Loose
 Other (please explain)_____

If the dog was confined by a fence, how high was it? _____
What type of fencing material was it? _____

Has your dog ever wandered or run away? Yes No If yes, how often? _____

Manners and Training:

What training/performance activities did your dog participate in? (Check all that apply)

Home trained Obedience Classes Flyball Herding
 Therapy dog certification Fieldwork Agility Schutzhund
 Other (please explain)_____

Has your dog ever done any of the following: (Check all that apply)

Adult family members Growled Snapped Bitten Never

- | | | | | |
|--------------------------|----------------------------------|----------------------------------|---------------------------------|--------------------------------|
| Children family members | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Strangers at door | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Visiting adults | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Visiting children | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Vet or groomer | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Pedestrians | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| People near his/her food | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Neighbors pets | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |

Is your dog housetrained? Yes No Almost (started training)

If no, please explain: _____

If yes, how do you know he/she needs to go outside? _____

When do your dog's housetraining accidents usually happen? (Check all that apply)

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> When dog is unsupervised | <input type="checkbox"/> When dog is not kept on schedule | <input type="checkbox"/> Never |
| <input type="checkbox"/> When dog is over excited | <input type="checkbox"/> When dog signals to be let out and is ignored | |
| <input type="checkbox"/> Other (please explain) _____ | | |

How have you dealt with the problem? (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Consult vet or trainer | <input type="checkbox"/> Paper training | <input type="checkbox"/> Confined dog |
| <input type="checkbox"/> Kept dog outside | <input type="checkbox"/> Rubbed nose in it | <input type="checkbox"/> Yelled at dog |
| <input type="checkbox"/> Spanked dog | <input type="checkbox"/> Acted "mad" at dog | <input type="checkbox"/> Ignored |
| <input type="checkbox"/> Other (please explain) _____ | | |

Does your dog be trusted off leash? Yes No If yes, usually or always? _____

Does your dog run after cars, bikes, or pedestrians? Yes No

If yes, what does the dog do when he/she gets them? _____

Has your dog ever been kenneled? Yes No

How did the dog react? _____

Did you crate train your dog? Yes No

If yes, how long did your dog spend in the crate each day? _____

Is your dog destructive when left alone inside the home? (If yes, check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Chews woodwork/walls | <input type="checkbox"/> Chews furniture | <input type="checkbox"/> Chews clothing/shoes |
| <input type="checkbox"/> Chews paper or trash | <input type="checkbox"/> Chews toys/stuffed animals | |
| <input type="checkbox"/> Chews on windows or doors | <input type="checkbox"/> Digs | <input type="checkbox"/> Marking/Urinating |
| <input type="checkbox"/> Other (please explain) _____ | | |

Does the dog bark when left alone? Outdoors? Yes No

Inside? Yes No

What commands does your dog understand? (Check all that apply)

- Sit Stay Down Heel Come Leave it
 Drop it Off Fetch No Get out None
 Other (please explain)_____

Please describe your dogs behavior in the car:

- Loves it Hates it Tolerates it Nervous
 Afraid, but ok Calm Car sick Destructive
 Never rides in car Other (please explain)_____

Is your dog protective or possessive of anything? (Check all that apply)

- Food (with other pets) Toys (with other pets) His/Her body
 Vehicle Food (with people) Toys (with people)
 Owner/Family Of property
 Other (please explain)_____

Is your dog frightened of any of the following? (Check all that apply)

- Babies/toddlers Men Women Teenagers
 Strangers/Visitors Loud voices Thunder/Lightning Cars
 Sudden Movement Vacuum Vet/Groomer Fireworks
 Loud noises Other (please explain)_____

Diet, Exercise, and Play:

What brand of food did you feed your dog? _____
How much did you feed, and how often? _____

Did you feed: Dry food Wet food Both

What is your dogs favorite treat? _____

Is your dog allergic to any food ingredients? Yes No

If so, what kind? _____

What are your dogs favorite kind of toys? (Check all that apply)

- Shows no interest in toys Frisbee Squeaky toys
 Tennis ball Rope toys Shoes
 Stuffed toys Children's toys
 Other (please explain)_____

Please describe your dogs play style with people. (Check all that apply)

- Plays gently Plays rough, but stops when told Plays very physically
 Prefers to chase Just likes to hang out Tends to herd
 Tends to nip Jumps and uses mouth in play No interest in playing
 Other (please explain)_____

Experience with children:

Did your dog live with children in your home? Yes No

If so, what were their ages?_____

Would you recommend placing this dog in a home with children? Yes No

Why or why not?_____

Did your home have children as visitors on a regular basis? Yes No

Were all interactions between your dog and children supervised by an adult? Yes No

If yes, please explain:_____

Describe your dogs behavior around children. (Check all that apply)

- Never been around kids Friendly/Playful Gentle
 Nervous/Frightened Snappy at times Aggressive
 Too active Adores children Protective
 Indifferent Excited Unpredictable
 Avoids children Other (please explain)_____

Will your dog allow children to touch or handle food dishes without getting upset?

Yes No Unknown

Will dog gently take treats offered by children? Yes No Unknown

Have children fed or watered your dog on a daily basis? Yes No N/A

Does your dog accept being brushed or petted by children? Yes No Unknown

Will your dog accept "roughness" from children under 6 years old (having ears tugged, eyes touched, tail held/yanked, or fur pulled)? Yes No Unknown

Has a child ever tripped over, stepped on, or fallen on your dog? Yes No

How did the dog react?_____

Please describe your dogs most likely reaction to the following situations:

A child running:_____

