

Dog Release

(for PAWS use only) PetWhere # _____ Date _____

Description

Dog's name _____ Male Female Age _____ Breed _____

How long have you owned the dog? _____ Where did the dog originally come from? _____

What was the dog's role in your family? _____ Why are you surrendering your dog to PAWS? _____

General behavior

Check the terms that best describe your dog: Independent Dependent Confident Protective Playful

Energetic Friendly Silly Easygoing Serious Rough Player Aggressive Noisy

Dominant Submissive Shy Nervous Fearful Aloof Quiet Gentle

Is the dog housebroken? Yes No If yes, how many hours can the dog go without an accident during the day? _____

Can the dog go without an accident overnight? Yes No

Is the dog afraid of anything? Yes No If yes, specify _____

Does the dog bark excessively? Yes No If yes, why? When left alone At certain noises

Is the dog ever destructive? Yes No If yes, specifically when and to what? _____

Has the dog ever shown aggression? Yes No

If yes, when? Taking away food/toys When medicating Correcting behavior Sleeping Grooming

What does the dog do? Barks aggressively Hackles up Growls Snaps Bites

Has the dog ever bitten anyone? Yes No If yes, when did the bite(s) occur? _____

Did it break the skin? Yes No How many times has the dog bitten? _____

What were the circumstances? _____

How does the dog respond to having toenails trimmed? Likes Tolerates Dislikes

How does the dog respond to riding in the car? Likes Tolerates Dislikes Carsick

How was dog confined in the car? Loose In the back seat In a crate

Behavior with Others

Has the dog lived with children? Yes No If yes, how recently? _____ What ages are the children? _____

Did the children play with the dog? Fetch Tug of war Wrestling Keep-away Other _____

How did the dog respond to the children? Likes Plays with Tolerates Growls Snaps Bites

Has the dog lived with other dogs? Yes No If yes, specify the following:

Male Female Age _____ Breed _____

Male Female Age _____ Breed _____

Male Female Age _____ Breed _____

Did the dogs ever fight? Yes No If yes, what did they fight over Attention from owner Food Toys

Behavior with Others, continued

Has the dog lived with cats? Yes No

If yes, what kind of interaction did the dog have with the cat? Lived inside together Slept together Fought with

Did the dog ever chase the cat? Yes No

Has the dog lived with any animals other than dogs or cats? Yes No If yes, specify _____

How does the dog respond in an encounter with another dog? _____

When your dog is on leash? _____

When your dog is off leash, but not at home? _____

When your dog is off leash at home? _____

Training

How many hours per day does the dog spend without humans? _____

How many hours does the dog spend per day: Indoors _____ Outdoors _____ Access to dog door? Yes No

How is the dog confined when no one is home? _____

How is the dog confined when someone is home? _____

How is the dog confined when outdoors? On leash with a human Chained or on a cable run Dog can run loose when outside

Fenced yard Does the fence completely enclose yard? Yes No How tall is the fence? _____

What kind of fence? Chain link Wood Other _____

Does the dog ever dig out or jump over the fence? Yes No How Often? _____

If dog is housebroken, what method was used? Crate trained Paper trained Allowed indoor/outdoor access freely

Was already housebroken How does the dog "ask to go out?" _____

How did you exercise the dog? Walk Run Swim Fetch Other _____

How often did you exercise the dog? _____

How have you tried to stop unwanted behavior? _____

Has the dog had any formal obedience training? Yes No How long ago? _____

Where or who did the training? _____

What commands does the dog know? _____

Miscellaneous

Is the dog ill, injured, or on any special diet or medications? _____

Where did the dog go for veterinary care? _____ Phone number () _____

Animal guardian's ("owner's") comments: _____

Staff Only

Staff initials and comments: _____

Appt time/date _____ Rehoming fee \$ _____ Supervisor's initials _____

Guardian Information

Name _____

Phonenumber(s) (_____) (_____)

E-mail _____