

Please help us provide great care for this animal by thoroughly completing the following information. Thank you!

Owner Name: _____ <small style="display: inline-block; width: 40%; text-align: center;">First</small> <small style="display: inline-block; width: 40%; text-align: center;">Last</small>	Date: _____
Address: _____ <small style="display: inline-block; width: 30%; text-align: center;">Street</small> <small style="display: inline-block; width: 30%; text-align: center;">City</small> <small style="display: inline-block; width: 15%; text-align: center;">State</small> <small style="display: inline-block; width: 25%; text-align: center;">Zip</small>	
Home Phone: _____	Alternate Phone: _____

Dog's Name: _____ Reason for surrender: _____

To your knowledge, has this animal bitten anyone within the past ten (10) days? YES NO

If yes, please describe the incident: _____

Please review and sign below acknowledging the following:

- I am the owner of this animal or the owner's representative acting upon the owner's consent.
- I understand that I will be charged a non-refundable fee to admit this animal to the Capital Area Humane Society for evaluation. If I attempt to reclaim this animal, I will be charged a redemption fee.
- I understand that the CAHS is a nonprofit organization serving nearly 12,000 animals a year whose mission is to fight animal cruelty, help animals in need and advocate for their wellbeing.
- Animals with illness or contagious disease, animals with age-related problems, and animals that pose a health or safety risk to people or other animals and cannot be handled safely are not candidates for our adoption program and may be humanely euthanized. CAHS cannot guarantee adoption or placement of any animal. Sometimes health, age, or behavioral problems present after admission, or our veterinarian/staff discover them upon examination or evaluation. Animals may also be humanely euthanized if appropriate housing and care are not available.
- I understand that whether or not this animal is made available for adoption is at the discretion of the Capital Area Humane Society and that if I have questions regarding the disposition of this animal, I should ask them now.
- My signature below reflects that I read and understand the above information and that I am releasing all rights and claims for this animal to the Capital Area Humane Society.

Print Name: _____ Signature: _____ Date: _____

For Office Use Only...

Breed: _____	Color: _____	Intake Condition: _____
Age: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NM <input type="checkbox"/> SF	Room: <input type="checkbox"/> P <input type="checkbox"/> I <input type="checkbox"/> X <input type="checkbox"/> PH
PetPoint ID: _____	Person PP ID: _____	Staff: _____
Photo ID? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fee Received: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Charge

Surrendered Dog Profile

STAFF:

DATE:

I originally got my dog from: _____ I've owned him/her for: _____ yrs.

I would describe my dog as: A Family Dog For Adults Only One Person Dog

Other: _____

My dog goes outside to urinate and defecate: Always Sometimes Never

If sometimes or never, please give us more information:

How often does he/she go outside? _____ Is he/she crate trained? Yes No

For how many hours at a time is he/she left alone? _____

When he/she eliminates in the house, does he/she urinate, defecate, or both? _____

My dog currently lives with: Other Dogs Cats Other: _____

Does your dog get along well with these animals? _____

While I'm away from the house, my dog is kept:

Loose in the House Loose in the Yard Chained in the Yard In a Crate

In an Outdoor Kennel Restricted to One or Two Rooms

When left alone, my dog: (check all that apply)

Barks Chews Furniture Scratches on Doors or Windows

Chews Personal Items Defecates/Urinate in the House

My dog is afraid of: (check all that apply)

Strangers Loud Noises Thunderstorms Men

Being Alone Children Vet Visits Car Rides

Other: _____

My dog knows the following commands: (check all that apply)

Sit Lie Down Stay/Wait Heels on Leash Come

Most of the time, I would describe my dog as: (check all that apply)

- | | | | | |
|---------------------------------------|-------------------------------------|---------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Protective | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Craves Attention | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Fearful | <input type="checkbox"/> Hyper | <input type="checkbox"/> Plays Rough | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Destructive | <input type="checkbox"/> Clingy/Needy | |
| <input type="checkbox"/> Other: _____ | | | | |

Using the key provided, please describe how your dog behaves in the following circumstances.

I or another family member enters the house: _____

A visitor enters the house: _____

Children who are visitors enter the house: _____

My dog sees a jogger or child on a bike: _____

I take a favorite toy or bone away from my dog: _____

I take away food or a treat: _____

My dog is disturbed while sleeping: _____

My dog sees another dog walking on leash: _____

My dog was last seen by a veterinarian on: _____ at: _____
DATE VET PRACTICE NAME / VET'S NAME

- My dog:
- | | | |
|---|---|---|
| <input type="checkbox"/> Is Spayed or Neutered | <input type="checkbox"/> Is Microchipped | <input type="checkbox"/> Is Current on Vaccinations |
| <input type="checkbox"/> Has had Allergic Reactions to Vaccines in the Past | <input type="checkbox"/> Has Never Been to a Veterinarian | |

My dog has the following health concerns: _____

My dog is currently on this medication: _____

Other helpful information about my dog:

Please select from the following choices when responding to the questions on your dog's behavior on page 3 of the Owner Surrender & Relinquishment form. Let a staff member know if you have questions.

Very Excited—

My dog will bark, whine, and jump up on people and objects. My dog seeks out activity and will chase people or things. My dog has a hard time calming down and usually has to be removed from whatever is causing the excitement.

Excited—

My dog will bark and whine and may jump up on people or objects, but calms down quickly.

Happy—

My dog is interested and polite. My dog doesn't jump up, but wags his/her tail and approaches.

Indifferent—

My dog is not interested and does not break away from whatever s/he may be doing.

Anxious—

My dog appears interested and will approach. Ears are down and his/her tail will be tucked, but wagging. My dog looks guilty. My dog may get so worked up s/he urinates or rolls over.

Scared—

My dog runs away from the situation and attempts to hide under or behind a table or other object. My dog may eventually approach depending on the circumstances.

Growls—

My dog growls in a low tone and may assume a stiff body posture.

Shows Teeth—

My dog's lips curl back so that the front teeth can be seen.

Snaps—

My dog attempts to bite, but does not make contact with skin.

Nips—

My dog bites, but does not bite hard enough to break the skin.

Bites—

My dog bites, breaks the skin or tears clothing.

Barks—

My dog is very vocal.

Don't know—

I am not familiar with how my dog would react in this situation.

Other—

If none of the above apply, please explain in the space provided how your dog would respond.