

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

Owner Name: _____ <small>First Last</small>	Date: _____
Address: _____ <small>Street City State Zip</small>	
Cell Phone: _____	Alternate Phone: _____
Email Address: _____	Preferred Contact Type: <input type="checkbox"/> Phone <input type="checkbox"/> Email

Dog's Name: \_\_\_\_\_

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

If yes, please describe the incident: \_\_\_\_\_

Would you like to receive a call if your animal is not a candidate for our adoption program?  Yes  No

**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 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 <input type="checkbox"/> E
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: \_\_\_\_\_

My hope for today is that the Capital Area Humane Society will:

- |  |  |
|--|--|
| <input type="checkbox"/> Provide me with supplies to care for my dog | <input type="checkbox"/> Find a new home for my dog            |
| <input type="checkbox"/> Direct me to low cost veterinary care       | <input type="checkbox"/> Provide temporary boarding for my dog |
| <input type="checkbox"/> Provide behavior / training advice          | <input type="checkbox"/> Other: _____                          |

The following concerns apply to my current situation: (Check all that apply)

- |   |  |  |                                    |
|---|--|--|------------------------------------|
| <input type="checkbox"/> Allergies to pet | <input type="checkbox"/> Personal health issues    | <input type="checkbox"/> Not enough time     | <input type="checkbox"/> New baby  |
| <input type="checkbox"/> Moving           | <input type="checkbox"/> Divorce/separation        | <input type="checkbox"/> Too many animals    | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Death in family  | <input type="checkbox"/> Landlord/housing conflict | <input type="checkbox"/> Change in lifestyle | <input type="checkbox"/> Homeless  |
| <input type="checkbox"/> Family violence  | <input type="checkbox"/> Other: _____              |  |                                    |

The following concerns apply to my dog: (Check all that apply)

- |  |  |   |                                   |
|--|--|---|-----------------------------------|
| <input type="checkbox"/> Medical condition | <input type="checkbox"/> Aggressive to people      | <input type="checkbox"/> Aggressive to animals: _____ |                                   |
| <input type="checkbox"/> Destructive       | <input type="checkbox"/> Other pets did not accept | <input type="checkbox"/> Escapes yard / fence         | <input type="checkbox"/> Needy    |
| <input type="checkbox"/> Not housebroken   | <input type="checkbox"/> Walks poorly on leash     | <input type="checkbox"/> Hard to handle               | <input type="checkbox"/> Mouthy   |
| <input type="checkbox"/> History of biting | <input type="checkbox"/> Too much responsibility   | <input type="checkbox"/> Pregnant                     | <input type="checkbox"/> Unwanted |
| <input type="checkbox"/> Other: _____      |  |   |                                   |

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

- |                                       |                                      |  |                                    |
|---------------------------------------|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Strangers    | <input type="checkbox"/> Loud noises | <input type="checkbox"/> Thunderstorms | <input type="checkbox"/> Men       |
| <input type="checkbox"/> Being alone  | <input type="checkbox"/> Children    | <input type="checkbox"/> Vet visits    | <input type="checkbox"/> Car rides |
| <input type="checkbox"/> Other: _____ |                                      |  |                                    |

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

If I were able to secure more/different resources, I would like to keep my pet.  True  False

What resources would be helpful? \_\_\_\_\_

I originally got my dog from: \_\_\_\_\_

I've owned my dog since: \_\_\_\_\_

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

When my dog eliminates in the home, he/she:  Urinates  Defecates

# Surrendered Dog Profile

STAFF:

DATE:

This is how my dog usually reacts when I or another family member do the following:

	Never Tried	Tolerates	Afraid	Shows Teeth/ Growls	Snaps/Bites	None of These
Bathe						
Brush						
Wipe Feet						

This is how my dog usually reacts when handled by a veterinarian or groomer for the following:

	Never Done	Growls/Snap/Bite	Non of These
Examine			
Restraint			
Administer Shots			
Trim Nails			
Blood Draws			

My dog needs to be muzzled during veterinary visits.

Yes

No

My dog behaves in the following circumstances:

	Happy	Indifferent	Scared	Growls	Shows Teeth	Snaps	Barks	Bites	Other
Myself or family member enters the home									
Visitor enters the home									
Children enter the home									
I take away a favorite toy or bone									
I take away food or treat									
My dog is disturbed while sleeping									
My dog sees another dog while walking on leash									
Sees a moving vehicle/ bike while on walk									
Another dog walks past my house									

# Surrendered Dog Profile

STAFF: \_\_\_\_\_

DATE: \_\_\_\_\_

Does your dog know a special command to go outside to use the bathroom? \_\_\_\_\_

How often does your dog go outside? \_\_\_\_\_

How many hours at a time is your dog left alone? \_\_\_\_\_

When you are away from the home, your dog was? (Check all that apply)

- Chained in the yard       In a kennel outside       Doggy Day Care       Crated inside  
 Loose in the home       In fenced yard       Restricted to one or two rooms

When left alone, your dog? (Check all the apply)

- Chews on furniture       Defecates/Urinate in the home       Chews on personal items  
 Barks       Scratches on doors or windows       Relaxes

Is your dog permitted to sit and/or sleep on furniture?       Yes       No

Where does your dog usually sleep?

- Cage       Floor       My bed       Dog bed       Couch       Other: \_\_\_\_\_

Has your dog previously lived with children?       Yes       No

Ages: \_\_\_\_\_

Does he/she get along with the children in the home?       Yes       No

Has your dog previously lived with cats?       Yes       No

Ages: \_\_\_\_\_

Does he/she get along with the cats in the home?       Yes       No

Has your dog previously lived with dogs?       Yes       No

Breeds, Ages and Sexes: \_\_\_\_\_

Does your dog spend time with other dogs on a regular basis?       Yes       No

If yes, where does your dog interact with other dogs? (Check all that apply)

- Doggy Day Care       Family/Friends Dogs       Training Classes  
 Dog Parks       Neighbor's Dogs       Other: \_\_\_\_\_

Has your dog had any obedience training?       Yes       No

If yes, check all that apply:

- At home       Training Class       Family Member       Private Trainer

# Surrendered Dog Profile

STAFF:

DATE:

How often do you exercise your dog? \_\_\_\_\_

How do you exercise your dog? \_\_\_\_\_

What commands does your dog know? \_\_\_\_\_

What are your dog's favorite kind of toys? (Check all that apply)

- Kong       Rope       Tennis Ball       Squeakers  
 Plush       Bones       Puzzle Toys       Other: \_\_\_\_\_

When allowed outside, where was your dog? (Check all that apply)

- Chained in the yard       Supervised by a family member in the yard       Kennel  
 Loose in fenced yard       Loose in unfenced yard       Doggie Door  
 Other: \_\_\_\_\_

When outside unsupervised, did your dog do any of the following? (Check all that apply)

- Escape Frequently       Bark Continuously       Scratch at the door       Dig holes  
 Seem Content       Bark at other animals       Bark at strangers

Has he/she been spayed/neutered?       Yes       No

Has he/she been microchipped?       Yes       No

Who is the microchip registered to? \_\_\_\_\_

Does he/she have any allergies?       Yes       No

If yes, please explain \_\_\_\_\_

Is he/she on a special diet?       Yes       No

If yes, please explain \_\_\_\_\_

Does he/she have any medical issues?       Yes       No

If yes, please explain \_\_\_\_\_

Has he/she had any major surgeries?       Yes       No

If yes, please explain \_\_\_\_\_

Is he/she on or (previously been on) medication?       Yes       No

If yes, what type? Dosage? How often? \_\_\_\_\_

Are there any special traits or habits that you would like his/her new family to know about?