

Dog Surrender Questionnaire



H.O.P.E.
Homes for Orphaned Pets Exist

Owner's Information	
Name:	Street Address:
Email Address:	City, State, Zip Code:
Home Phone:	Mobile Phone:
Dog Information	
Dog's Name:	Dog's Gender:
Dog's Color:	Dog's Age:
Dog's Weight:	Spayed/Neutered?: YES NO
History	
Why are you surrendering this dog?	
If we could help you resolve this issue would you be interested in keeping the dog? YES NO	
How long have you owned this dog?	Where did you acquire this dog?
Has your dog ever bitten anyone?	If your dog has bitten someone what were the circumstances and when?
Medical History	
What veterinary clinic does the dog visit:	
Is the dog up to date with vaccines? Yes No Unknown	Date of last vaccination:
Has this dog ever been diagnosed with and/or treated for any medical problems? YES NO If yes, explain	Has this dog ever received any medical surgery? YES NO If Yes, explain
Is your dog currently receiving any medication?: YES NO If yes, list:	What food is your dog currently eating? How often is your dog fed? Once a day Twice a day Free Fed
Personality	
How would you describe your dog's personality most of the time? (Select all that apply)	
<input type="checkbox"/> Very active <input type="checkbox"/> Playful <input type="checkbox"/> Distant <input type="checkbox"/> Friendly to visitors <input type="checkbox"/> Couch potato <input type="checkbox"/> Lap dog <input type="checkbox"/> Fearful <input type="checkbox"/> Shy to visitors <input type="checkbox"/> Talkative <input type="checkbox"/> Quiet <input type="checkbox"/> Aggressive <input type="checkbox"/> Independent <input type="checkbox"/> Affectionate	



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Is your dog afraid of: (Select all that apply)

☐ Strangers ☐ Bad weather ☐ Children ☐ Being left alone
☐ Loud noises ☐ Car rides ☐ Vet appointments

Is your dog overly protective of: ☐ Food ☐ Family members ☐ Toys

Lifestyle & Home Life

Where did your dog spend most of its time?

☐ Indoor ☐ Outdoor ☐ Both

How does your dog interact with other dogs?

Is your dog most comfortable with: ☐ Women ☐ Men

☐ Teenagers ☐ Seniors ☐ Loves all people

How does your dog interact with dogs?

Has your dog regularly been around children?

☐ Yes ☐ No ☐ Unknown

How did the dog and child/children interact?

If Yes, indicate children's ages:

Please tell us some things that your dog dislikes:

Are there any quirks or habits you are not fond of in your dog? (This question helps provide H.O.P.E. staff with valuable insight into your pet and can help us ensure your pet has a successful adoption. Many quirks or habits are common behaviors natural to all dogs and/or have simple solutions to resolve which we can share with a future adoptive family).

Is There anything else you would like us to know about your dog?

I state that all information is true and correct to the best of my ability. I further acknowledge that I am releasing the Animal(s) completely voluntarily and that no representations, considerations or promises of any kind have been made to me by H.O.P.E. I understand that should H.O.P.E. agree to accept the Dog(s), I relinquish all ownership or other interest in the Animal(s). I will not seek further information about the Animal(s) and will not press H.O.P.E. for details. My contact with the Animal(s) terminates at the time of surrender. H.O.P.E. is under no obligation whatsoever to follow up with information about the Animal(s).

Signature

Date

Signature:

Date