



Dutchess County SPCA
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Dog Surrender Profile

No one knows and loves your dog the way you do! In order to find the most appropriate home for your dog, please provide as much detail as possible about history, past veterinary care, likes, dislikes and quirks of your canine friend. Please be honest...the more we actually know about your dog, the greater our ability to help him/her find a new home!

General Information

=====

Shelter Arrival Date: _____
Dog's Name: _____ Age or approximate age: _____
Breed: _____
Sex: Male Female Not sure
Is dog spayed/neutered? Yes No Not sure
What kind of I.D. does this dog have? Tattoo Microchip Not sure

History

=====

Why are you surrendering your dog? _____
How long have you owned this dog? _____
Including yours, how many homes has this dog had? _____
Where did you acquire this dog? DCSPCA Born in my home
 Breeder Pet store Friend/Relative
 Newspaper ad Found as a stray Other _____
 Another Shelter (Name) _____

Medical History

=====

Previous veterinarian: _____
Did the dog see a veterinarian at least once a year? Yes No Not sure
Is this dog current on vaccinations? Yes No Not sure
Has this dog been hit by a car or required other surgery? Yes No Not sure
If yes, please explain: _____
Has this dog been diagnosed with and/or treated for any of the following: *(check all that apply)*
 Allergies Heart murmur Epilepsy or seizures
 Thyroid disease Tumors Urinary tract infection
 Kennel cough Heartworm Organ Failure
 Diabetes Ear infections Other _____
Does this dog need any medication? Yes No Not sure
If yes, please describe _____

Personality & Behavior

How would you describe your dog most of the time? *(check all that apply)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Very active | <input type="checkbox"/> Friendly to family | <input type="checkbox"/> Friendly to visitors |
| <input type="checkbox"/> A clown | <input type="checkbox"/> Couch potato | <input type="checkbox"/> Shy to family |
| <input type="checkbox"/> Shy to visitors | <input type="checkbox"/> Playful | <input type="checkbox"/> Talkative |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Independent | <input type="checkbox"/> Aloof |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Lap dog | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Fearless | <input type="checkbox"/> Needy |
| <input type="checkbox"/> Solitary | <input type="checkbox"/> Other _____ | |

Is this dog destructive when left alone? Yes No Not sure

If yes, describe dogs' behavior _____

Is the dog housebroken? Yes No Not sure

How often does the dog have accidents in the house?

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Once a day | <input type="checkbox"/> Once a week | <input type="checkbox"/> Never |
| <input type="checkbox"/> Every time dog is inside | <input type="checkbox"/> Dog never allowed inside | |

What kinds of housebreaking have you tried? Paper Crate None

Does this dog chase anything?

- | | | | |
|---------------------------------|-----------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> People | <input type="checkbox"/> Children | <input type="checkbox"/> Cats | <input type="checkbox"/> Livestock |
| <input type="checkbox"/> Cars | <input type="checkbox"/> Bicycles | <input type="checkbox"/> Other _____ | |

Does this dog bark at anything?

- | | | | |
|---------------------------------|-----------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> People | <input type="checkbox"/> Children | <input type="checkbox"/> Cats | <input type="checkbox"/> Livestock |
| <input type="checkbox"/> Cars | <input type="checkbox"/> Bicycles | <input type="checkbox"/> Other _____ | |

How has this dog ever acted aggressively toward a person?

- | | | | | |
|---------------------------------|--------------------------------------|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Bitten | <input type="checkbox"/> Broken skin | <input type="checkbox"/> Snapped | <input type="checkbox"/> Growled | <input type="checkbox"/> Not aggressive |
|---------------------------------|--------------------------------------|----------------------------------|----------------------------------|---|

Please describe situation fully _____

What have you done to correct the problem? _____

Is this dog frightened of anything?

- | | | |
|---------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Men | <input type="checkbox"/> Children | <input type="checkbox"/> Brooms |
| <input type="checkbox"/> Thunder | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Vacuums |
| <input type="checkbox"/> Large Trucks | <input type="checkbox"/> Water | <input type="checkbox"/> Appliances |
| <input type="checkbox"/> Hands | <input type="checkbox"/> Feet | <input type="checkbox"/> Other _____ |

When leashed, does this dog lunge at other dogs? Yes No Not sure

When leashed, does this dog lunge at people? Yes No Not sure

Is it to play? Yes No Not sure

Do you feel this dog is overprotective? Yes No Not sure

If yes, please explain _____

What types of training has this dog had?

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Obedience Class | <input type="checkbox"/> Home training | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Behavioral | <input type="checkbox"/> None | <input type="checkbox"/> Other _____ |

Can the dog do the following on command?

- | | | | | |
|------------------------------------|--|-------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Sit | <input type="checkbox"/> Stay | <input type="checkbox"/> Come | <input type="checkbox"/> Lie Down | <input type="checkbox"/> Rollover |
| <input type="checkbox"/> Play dead | <input type="checkbox"/> Walk on a leash | <input type="checkbox"/> Sit Pretty | <input type="checkbox"/> Speak | |

Does this dog like to go for rides in a car? Yes No Not sure

If yes, how does the dog ride?

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> In a crate | <input type="checkbox"/> Free in car | <input type="checkbox"/> Hooked by seatbelt | <input type="checkbox"/> In front seat |
| <input type="checkbox"/> In back seat | <input type="checkbox"/> Paces in car | <input type="checkbox"/> Lies down and sleeps | <input type="checkbox"/> Sits on lap |
| <input type="checkbox"/> Rides in back of truck | <input type="checkbox"/> Likes head out window | | |

Does the dog get carsick? Yes Is dog afraid of getting into cars? Yes No

Play Style

How does this dog like to play? (*check all that apply*)

- Plays gently, does not use teeth or paws
- Likes to play rough, may nip or scratch
- Likes to chase
- Likes to play with balls, frisbees, etc.
- Likes to play with stuffed toys
- Likes to fetch
- Likes to learn tricks for treats
- Likes to play with other dogs
- Likes to play with cats
- Not much interest in play
- Likes to play tug a war
- Likes to play in or around water
- Very protective of his toys
- Other _____

Lifestyle & Home Life

What areas of your home did the dog have access to? (*check all that apply*)

- Indoors only
- Outdoor only
- Indoors at night
- Garage or basement
- Indoors with access to outside
- In barn or shed
- Screened porch
- Indoors in cold weather
- Outdoors in warm weather
- Other _____

Where did your dog spend most of his or her time? (*check all that apply*)

- Bedroom
- Kitchen
- Living Room
- Outdoors only
- Garage or basement
- Barn or shed
- Where people are
- Fenced yard
- Crate
- Tied on chain
- On a runner
- Loose outside
- Porch
- Other _____

What other animals has this dog lived with? (*check all that apply*)

- Dogs (male)
- Dogs (female)
- Cats (indoors)
- Cats (outdoors)
- Birds
- Poultry
- Cows
- Horses
- Sheep/Goats
- Other _____

What animals does this dog **not** get along with? (*check all that apply*)

- Dogs (male)
- Dogs (female)
- Cats (indoors)
- Cats (outdoors)
- Birds
- Poultry
- Cows
- Horses
- Sheep/Goats
- Other _____

If this dog lived with other dogs, how did they interact? (*check all that apply*)

- Adored each other
- Played together
- Sniffed noses
- Slept near each other
- Peacefully coexisted
- Ignored each other
- Fought without injuries
- Fought with injuries
- Rough with others
- Groomed each other
- Caused this dog stress
- Gentle with others
- Other _____

If this dog lived with cats, how did they interact? (*check all that apply*)

- Adored each other
- Slept near each other
- Avoided each other
- Groomed each other
- Cat rubbed on the dog
- Played with each other
- Peacefully coexisted
- Ignored each other
- Fought without injuries
- Fought with injuries
- Dog chased cat
- Dog tormented cat
- Dog feared cat
- Sniffed noses
- Caused this dog stress
- Killed cat
- Other _____

Has this dog been regularly been around children? Yes No Not sure

If yes, what ages: 0-2 yrs. 3-5 yrs. 6-10 yrs. 11-18 yrs.

What ages of children would you recommend for this dog?

0-2 yrs. 3-5 yrs. 6-10 yrs. 11-18 yrs. No children under 18

If this dog lived with children under the age of 5, how did they interact? *(check all that apply)*

- Dog actively avoided child Child could pet the dog
- Dog & child played together Dog growled at child
- Ignored each other Mutual adoration
- Other _____

Have the experiences with the dog and child(ren) always been positive? Yes No

If no, please explain _____

Is this dog most comfortable with Women Men Kids
 Teenagers Seniors Loves all people

How would you describe the ideal home for your dog? _____

Please tell us some things you truly love about this dog! _____

Are there any quirks or habits you are not fond of in your dog? _____

Does your dog do any of the following? *(check all that apply)*

- Sleeps on bed Sleeps on couch Chew personal items
- Begg for food Steals food Other _____

How did you attempt to correct the problem(s)? _____

Dietary Habits

What is your dog's favorite brand of food? Dry _____ Can _____

Which does your dog eat? Dry only Canned only
 Combination of dry & canned
 People food _____

What type of treats does your dog like? *(check all that apply)*

- Biscuits Soft treats Rawhide Peanut butter

How often do you feed your dog? Food always available Fed once a day

Fed twice a day

Does this dog need a special diet? Yes No

If yes, please describe _____

I give my veterinarian (named below) permission to release any and all medical information about my animals to the Dutchess County SPCA.

Veterinarian/Hospital Name: _____

Phone Number: _____

Signature _____ Date _____

Print Name _____

