



Dog Surrender Profile

Please complete this form prior to your admissions appointment.

FOR STAFF USE ONLY	Name of Animal: _____
A# _____	Data Entry completed by _____ on _____

Date & Time of Appointment _____
Dog's Name _____
Age _____
How long did this dog live with you? _____
Where did you get this dog? (If another shelter/rescue, please specify) _____
Why are you relinquishing this dog? _____

REQUIRED INFORMATION

Was this dog ever in a fight with another dog? Yes No
If yes, how many times? _____
How long ago was the most recent fight? _____
What were the circumstances? _____

Did this dog ever bite a human? Yes No
If yes, how many times has he/she broken skin? _____
When was the last time he/she bit a human? _____
Do you know what prompted the bite? _____

Did this dog ever attack another domesticated animal species (cats or livestock like goats, sheep, horses)?
 Yes [If so, what animal(s) _____] No

Is this dog on any medications? Yes _____ No
Did this dog ever have an adverse reaction to a vaccine? If so, what happened?
 Yes _____ No

Behavioral History

Where did this dog spend the day? (Please check all that apply)

<input type="checkbox"/> Inside/loose in the house	<input type="checkbox"/> Outside in a kennel
<input type="checkbox"/> Access to a doggy door	<input type="checkbox"/> Confined to one room
<input type="checkbox"/> In a crate inside	<input type="checkbox"/> At doggy day care
<input type="checkbox"/> Outside in the yard	<input type="checkbox"/> Other _____

Where did this dog usually sleep at night? (Please check all that apply)

<input type="checkbox"/> Outside	<input type="checkbox"/> Couch
<input type="checkbox"/> Crate	<input type="checkbox"/> Owner's Bed
<input type="checkbox"/> Floor	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dog Bed	

How many hours was this dog usually at home without the presence of a human?

- Never
- 1-3 hours
- 4-8 hours
- 8-12 hours
- 12+ hours

When home alone, did this dog show any of the following behaviors? (Please check all that apply)

- Crying
- Barking
- Destroying household items. If so, what? _____

- Is this dog housetrained? Yes No Mostly
- Is this dog allowed to be on furniture? Yes No Sometimes
- Is this dog crate-trained? Yes No

How many hours did this dog spend in a crate?

- 1-3 hours
- 4-8 hours
- 8-12 hours
- 12+ hours

When outside did this dog ever attempt to chase any of the following? (Please check all that apply)

- Joggers
- Bicycles
- Skateboarders
- Cars/Motorcycles
- Cats
- Squirrels/Small Animals
- Birds
- Other _____
- None

Is this dog afraid of anything? (e.g. thunderstorms, loud noises, men) _____

Did this dog have any undesirable habits you would recommend a new adopter working on? _____

What toys did this dog like? (Please check all that apply)

- None
- Balls
- Plush (Stuffed)
- Squeaky
- Tug Toy
- Frisbee
- Other _____

What games did this dog like? (Please check all that apply)

- Fetch
- Tug
- Chase
- Wrestling
- None
- Other _____

What tricks does this dog know? (Please check all that apply. If he/she knows command by another name please describe.)

- None
- Sit
- Stay
- Down
- Come
- Heel
- Shake
- Other _____

Did this dog ever attend a training class? Yes No

Training Facility _____

Name of Class _____

What did this dog like the most? (e.g. tennis balls) _____

What other animals did this dog live with?

Cats. Was the situation successful? Yes No

Dogs. Was the situation successful? Yes No

What breed(s) and gender(s) were the other dog(s)? _____

If this dog lived with other dogs, were they related to one another? (e.g. littermates, mother & pups)

Yes, he has only lived with a relative.

Yes, but he has lived with both a relative and a non-relative.

No, the dogs were not related.

Other: _____ Was the situation successful? Yes No

Did this dog ever live with children? Yes No

What ages? _____

Would you recommend this dog be placed in a home with children? Yes No Maybe

Did this dog ever escape from your property? Yes No

If yes, how? (Please check all that apply)

Ran out open door

Jumped over fence (Type of fence? _____ Height? _____)

Climbed over fence (Type of fence? _____ Height? _____)

Dug under fence

Other _____

Medical History of Dog

Name of veterinary clinic: _____

When was the last time this dog visited a veterinarian? _____

Did this dog ever have a medical condition or surgery (other than spay/neuter)? _____

Was this dog ever prescribed a special diet, or does he/she have known dietary restrictions?

Yes _____ No

Did this dog have any recent trouble with fleas or ticks? Yes No

Other relevant information about this pet: _____

Please email this completed form to our Admissions Team at Admissions@AnimalHumaneNM.org or print and bring it to your appointment. Thank you.