



SoHumane

Owner Relinquishment Questionnaire

All Owner Relinquished and returned animals are required to have this questionnaire completed and given to SoHumane before being considered for an intake appointment or waitlist if space is currently unavailable. Walk-in returns are subject to intake staff availability.

Owner Name: _____ Phone Number: _____

Dog's Name: _____ Dog's Breed: _____ Dog's Age: _____

My dog is a: Male Neutered Male Female Spayed Female

Surrendering Information

Why are you rehoming your dog? Please provide as much detail as possible.

Where did you acquire this dog? *County regulations restrict SoHumane from taking any lost/stray/abandoned animals. Please contact your County Animal Control for more information.*

- Shelter/Agency Friend/Relative Stray/Found Abandoned
 Store/Breeder Born in Home Other: _____

How long have you owned your dog?

Including yours, how many homes has this dog had?

If SoHumane could provide resources to help resolve the issue, would you be interested in keeping the dog?

- Yes | No | Not Sure

Medical Information

How often did your dog see a Veterinarian?

Multiple times a year | Once a year | As needed | Never

Who is your current Veterinarian if applicable?

How does your dog react to going to the vet?

Does your dog have any medical problems? If so, what?

Does your dog have any allergies or sensitivities?

Yes | No

Is your dog up to date on vaccinations?

Yes | No | Not Sure

Does your dog have a microchip?

Yes | No | Not Sure

STAFF NOTES

Dog's Personality

What would you like a new owner to know about this dog?

How would you describe your dog most of the time? Check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Very Active | <input type="checkbox"/> Shy to Family | <input type="checkbox"/> Shy to Visitors |
| <input type="checkbox"/> Couch Potato | <input type="checkbox"/> Talkative | <input type="checkbox"/> Food Motivated |
| <input type="checkbox"/> Friendly to Visitors | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Goofy |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Independent | <input type="checkbox"/> Nervous/Anxious |

Are there places on the dog's body he/she does not like being touched, brushed, or petted?

- Yes | No

Please tell us about the desirable tricks and habits you have taught your dog to do. Check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Come When Called | <input type="checkbox"/> Greet Visitors Politely | <input type="checkbox"/> Get Off Furniture When Asked |
| <input type="checkbox"/> Play Fetch | <input type="checkbox"/> Shake or Similar Cute Trick | <input type="checkbox"/> Good at Dog Park |
| <input type="checkbox"/> Walk on a Loose Leash | <input type="checkbox"/> Take Treats Gently | |
| <input type="checkbox"/> Ride Nicely in Car | <input type="checkbox"/> Wait for Food | |

What words does your dog understand? Check all that apply.

- | | | |
|-------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Sit | <input type="checkbox"/> Come | <input type="checkbox"/> Off |
| <input type="checkbox"/> Stay | <input type="checkbox"/> Leave It | <input type="checkbox"/> Fetch |
| <input type="checkbox"/> Down | <input type="checkbox"/> Drop | <input type="checkbox"/> Other |
| <input type="checkbox"/> Heel | <input type="checkbox"/> Wait | |

STAFF NOTES

Home Life and Other Animals

Where was the dog when no human members of your family were at home?

- | | | |
|--|--|---|
| <input type="checkbox"/> Free run of the house | <input type="checkbox"/> In Fenced Yard | <input type="checkbox"/> Confined Room of the House |
| <input type="checkbox"/> Crated | <input type="checkbox"/> In Garage or Basement | <input type="checkbox"/> Doggy Day Care |

What areas did the dog have access to when you were at home?

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Indoors Only | <input type="checkbox"/> Outdoors Only | <input type="checkbox"/> In/Out Access |
|---------------------------------------|--|--|

Is this dog kennel/crate trained?

- Yes | No

Can this dog escape a 6ft fence?

- Yes | No

Can this dog be left alone in the house for 8 hours a day without issues?

Yes | No

What housetraining habit does the dog have?

No Accidents Urinates Inside Home Daily Defecates Inside Home Daily
 Urinates Inside Home Occasionally Defecates Inside Home Occasionally

Is the dog destructive if left alone inside the home?

Yes | No

How many hours of exercise does the dog get every day?

None 2-3 hours
 1 Hour or less 3 hours or more

What animals has your dog lived with? Check all that apply.

Male Dogs Cats Livestock/Chickens
 Female Dogs Small Animals

Would you recommend placing this dog in a home with other dogs?

Yes | No

How would you describe your dog's play style with other dogs? Check all that apply.

Plays Chase with Little or No Body Contact Shares Toys and Plays Quietly
 Plays Hard with Hip Checks and Body Slams Play with Dogs that are Smaller
 Herds or Nips Others to Get Them to Move Likes to Play with Gentle Dogs
 Adapts to Whatever Play Style Other Dogs Have Will Play with All Dogs
 Hangs out with Other Dogs Rather than Play Has to be in Charge in Play Situation
 Does not Enjoy Playing with Dogs at all Barks and/or Growls for Play
 Hangs out with Other Dogs Rather than Play
 Does not Enjoy Playing with Dogs at all

Would you recommend placing this dog in a home with cats?

Yes | No

STAFF NOTES

Behavior and Socialization

What sort of people or things frighten this dog? Check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Babies/Toddlers | <input type="checkbox"/> School-Aged Children | <input type="checkbox"/> Unpredictable Children |
| <input type="checkbox"/> Men | <input type="checkbox"/> Strangers/Visitors | <input type="checkbox"/> Vacuums |
| <input type="checkbox"/> Women | <input type="checkbox"/> Water | <input type="checkbox"/> Brooms |
| <input type="checkbox"/> Teenagers | <input type="checkbox"/> People in Uniform | <input type="checkbox"/> Loud Voices/Yelling |
| <input type="checkbox"/> Thunder/Lightning | <input type="checkbox"/> Cars on the Road | <input type="checkbox"/> Riding in the Car |
| <input type="checkbox"/> Erratic or Sudden Movement | <input type="checkbox"/> Fireworks/Loud Noises | <input type="checkbox"/> Veterinarian/Groomer |

Would you recommend this dog to live with children?

Yes | No | Not Sure If no, why? _____

Has this dog done any of the following with adult family members? Check all that apply.

- | | | |
|------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Barked At | <input type="checkbox"/> Snapped | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Bitten | <input type="checkbox"/> Unknown |

Has this dog done any of the following with children? Check all that apply.

- | | | |
|------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Barked At | <input type="checkbox"/> Snapped | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Bitten | <input type="checkbox"/> Unknown |

Has this dog done any of the following with strangers at the door? Check all that apply.

- | | | |
|------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Barked At | <input type="checkbox"/> Snapped | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Bitten | <input type="checkbox"/> Unknown |

Has this dog done any of the following with visiting adults? Check all that apply.

- | | | |
|------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Barked At | <input type="checkbox"/> Snapped | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Bitten | <input type="checkbox"/> Unknown |

Has this dog done any of the following with visiting children? Check all that apply.

- | | | |
|------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Barked At | <input type="checkbox"/> Snapped | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Bitten | <input type="checkbox"/> Unknown |

Has this dog done any of the following with a vet or groomer? Check all that apply.

- | | | |
|------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Barked At | <input type="checkbox"/> Snapped | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Bitten | <input type="checkbox"/> Unknown |

Has this dog done any of the following with pedestrians? Check all that apply.

- | | | |
|------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Barked At | <input type="checkbox"/> Snapped | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Bitten | <input type="checkbox"/> Unknown |

Has this dog done any of the following with people in uniform? Check all that apply.

- | | | |
|------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Barked At | <input type="checkbox"/> Snapped | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Bitten | <input type="checkbox"/> Unknown |

Has this dog done any of the following with wildlife? Check all that apply.

- | | | |
|-------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Growl/Bark | <input type="checkbox"/> Snapped | <input type="checkbox"/> Chased |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Bitten | <input type="checkbox"/> Unknown |

Has this dog done any of the following with all dogs? Check all that apply.

- | | | |
|------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Barked At | <input type="checkbox"/> Snapped | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never Been Around Dogs |

Has this dog done any of the following with same sex dogs? Check all that apply.

- | | | |
|------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Barked At | <input type="checkbox"/> Snapped | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never Been Around Same Sex Dogs |

Has this dog done any of the following with cats? Check all that apply.

- | | | |
|-------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Growl/Bark | <input type="checkbox"/> Snapped | <input type="checkbox"/> Chased |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Bitten | <input type="checkbox"/> Unknown |

Has this dog done any of the following with people near his/her sleeping area? Check all that apply.

- | | | |
|------------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Barked At | <input type="checkbox"/> Snapped | <input type="checkbox"/> No reaction |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Bitten | |

Has this dog done any of the following with people near his/her food? Check all that apply.

- | | | |
|------------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Barked At | <input type="checkbox"/> Snapped | <input type="checkbox"/> No reaction |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Bitten | |

Has this dog bitten anyone or any animal in the last ten days?

- Yes | No

Has this dog ever bitten anyone or another animal and drawn blood?

- Yes | No

STAFF NOTES
