



Dog Owner Relinquishment Questionnaire

Questionnaires can be emailed at: intake@sohumane.org

Owner Name: _____ Phone Number: _____ Date: _____

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

My dog is a: Unaltered Male Unaltered Female Neutered Male 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.*

- | | | |
|---|--|--|
| <input type="checkbox"/> Shelter/Agency | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Stray/Found Abandoned |
| <input type="checkbox"/> SoHumane | <input type="checkbox"/> Born in Home | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Store/Breeder | | |

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

Does your dog had any surgeries? (Excluding spay/neuter surgery)

Yes | No | Not Sure

Please explain: _____

Are there any places on your dog's body that he/she does not like being touched/brushed/petted?

Yes | No | Not Sure

Please explain: _____

Home Life and Other Animals

Can your dog escape an enclosed fenced area?

Yes | No

Please explain: _____

Is your dog kennel/crate trained?

Yes | No

Is the dog destructive in the home?

Yes | No

Please explain: _____

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

None

2-3 hours

1 Hour or less

3 hours or more

Please describe your dog's current lifestyle? (for example, is he/she crated all day, do they get daily walks, they are primarily an outdoor dog)

Is your dog house trained?

Yes | Somewhat | No

Please explain: _____

What animals has your dog lived with? Would you recommend your dog to continue living with those animals? Please explain why or why not.

What are your dog's eat habits? (Feeding times and what they like to eat)

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

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

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

Please explain: _____
