



Canine Profile

General Information

Dog's Name _____ Breed(s) _____ Age _____

How long have you had this dog? _____

Where did you obtain this dog?

Does your dog have a microchip or tattoo? (circle one) Yes No

Is your dog Female or Male . . . spayed or neutered? (circle one) Yes No

Why are you surrendering your dog to WHS? (Circle all that apply)

Behavioral issues Time commitment Family/financial/housing issues

Health issues(yours or dog's) Other _____

Please explain in your own words why you are surrendering your dog:

Has your dog ever bitten anyone? (circle one) Yes No If yes when? _____

Your Dog's Health

When was the last time your dog was taken to a Veterinarian? (circle one)

3 mos. 6 mos. Last Year Other _____

Current Veterinarian _____ Clinic Phone # _____

City _____ State _____ Cared for Since _____

How does your dog react to going to the vet?

Has your dog been vaccinated in the last year? (circle one) Yes No

Date of last vaccination _____

Are you aware of any health issues your dog has? (circle one) Yes No

if yes, please explain:

Does your dog require medication on a regular basis?

If so, for what reason?

Environment and Home Life

Where did your dog spend most of his/her time? (circle one) Inside Outside Inside/Outside

Was he/she permitted to sit and/or sleep on furniture? (circle one) Yes No

Where was your dog kept when family members were home? (circle all that apply)

Free run of the house

Crated

In fenced yard

In garage or basement

Confined to kitchen or bathroom

Outside on chain or runner

Electronic Pet Containment

Other (please explain)

Where was your dog kept when no one was home? (circle all that apply)

- | | |
|---------------------------------|----------------------------|
| Free run of the house | Crated |
| In fenced yard | In garage or basement |
| Confined to kitchen or bathroom | Outside on chain or runner |
| Electronic Pet Containment | Other (please explain) |

How was your dog confined when outdoors? (circle all that apply)

- | | |
|------------------------|----------------------------|
| Fenced yard | Electronic Pet Containment |
| Dog house | Tied out, chain or runner |
| Kennel or enclosure | No confinement |
| Other (please explain) | Leashed |

Is your dog house or crate trained? (circle one) Yes Partially No

If no, please circle all that apply

- | | | |
|---------------------------------|---------------|---------------|
| Dog urinates inside home: daily | 3-5 days/week | 1-2 days/week |
| Defecates inside home: daily | 3-5 days/week | 1-2 days/week |

How does he or she tell you they need to go outside? _____

Placement Recommendations

Has your dog lived with any of the following animals? (Circle all that apply)

- | | | |
|------------------------------|-------------|----------------------------------|
| Male dogs | Female dogs | Small animals (what kind?) _____ |
| Male cats | Female cats | Farm animals (what kind?) _____ |
| Other (please explain) _____ | | |

Would you recommend placing this dog in a home with other dogs? (circle one) Yes No

If no, please explain: _____

Would you recommend placing this dog in a home with cats? (circle one) Yes No

If no, please explain: _____

Has your dog ever injured or killed another animal? (circle one) Yes No

If Yes, please explain: _____

Did your dog live with children in your home? (circle one) Yes No

If so, what ages? _____

Did your home have children as visitors on a regular basis? (circle one) Yes No

If yes, what ages? _____

Would you recommend this dog live with children? (circle one) Yes No

Why or why not? _____

Does he or she have any favorite toys? _____

Does he or she know any tricks? _____