



CHAMPAIGN COUNTY  
**HUMANESOCIETY**

## Dog Relinquishment Questionnaire

Please complete this form as thoroughly and honestly as possible.

### Owner Information:

Full Legal Name: \_\_\_\_\_

Maiden Name or Other Names used: \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

Have you ever adopted an animal from CCHS?  Yes  No

Have you ever relinquished an animal to CCHS?  Yes  No

### Animal Information - General:

Why are you surrendering this pet today? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dog's Name: \_\_\_\_\_ Nickname(s): \_\_\_\_\_

Does this dog respond to their name?  Yes  No  Unsure

Age or approximate age: \_\_\_\_\_ How long have you owned this dog? \_\_\_\_\_

Breed or breed mix: \_\_\_\_\_

Dog's gender:  Male  Female  Unsure

Has this dog been spayed or neutered?  Yes  No  Unsure

Has this dog been microchipped?  Yes  No  Unsure

Has this dog ever been impounded by any animal control agency or municipality?  Yes  No

Has this dog ever been declared dangerous by any animal control agency or municipality?  Yes  No

Has this dog ever been declared vicious by any animal control agency or municipality?  Yes  No

Where did you acquire this dog?

CCHS  Shelter or Rescue  Found as a stray  Friend/relative  Pet store

Breeder  Newspaper Ad  Born in my home/on my property  Craigslist

Other \_\_\_\_\_

If you obtained this dog from a shelter, breeder, rescue group, or pet store, please provide name and

location: \_\_\_\_\_

## Medical History:

Have you ever taken this dog to a veterinarian or vet clinic?  Yes  No

Name of Veterinarian/Vet Clinic: \_\_\_\_\_ Date of last exam: \_\_\_\_\_

Are veterinary records in your name?  Yes  No

If no: Whose name are they under? \_\_\_\_\_

Does this dog have any medical problems?  Yes  No  Unsure

If yes: Please explain: \_\_\_\_\_

Is this dog currently on a monthly flea preventative?  Yes  No  Unsure

If yes: Date last given? \_\_\_\_\_ Brand? \_\_\_\_\_ Type:  Topical  Oral  Collar

Is this dog currently on a monthly heartworm preventative?  Yes  No  Unsure

If yes: Date last given? \_\_\_\_\_ Brand? \_\_\_\_\_

Is this dog currently on medication(s)?  Yes  No  Unsure

If yes: List medications here: \_\_\_\_\_

Please check all conditions that this dog has been diagnosed with or treated for:

- |  |  |  |                                       |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Allergies     | <input type="checkbox"/> Urinary Tract Infection | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Diabetes     |
| <input type="checkbox"/> Hyperthyroid  | <input type="checkbox"/> Hypothyroid             | <input type="checkbox"/> Skin Problems     | <input type="checkbox"/> Ringworm     |
| <input type="checkbox"/> Organ Failure | <input type="checkbox"/> Heart Murmur            | <input type="checkbox"/> Heartworm         | <input type="checkbox"/> Renal Issues |
| <input type="checkbox"/> Other: _____  |  |  |                                       |

How does this dog **behave at the vet's office**? (Check all that apply)

- Calm, relaxed  Anxious  Fearful  Aggressive  Indifferent  Needs muzzled/sedated

Does this dog need to be on a special or prescription diet?  Yes  No  Unsure

If yes: What type of special/prescription diet? \_\_\_\_\_

If no: Which of the following does this dog eat? (Check all that apply)

- Dry food only  Canned food only - Brand? \_\_\_\_\_ Flavor? \_\_\_\_\_
- Combination of dry and canned  Table scraps  Home cooked diet
- Other: \_\_\_\_\_

## Personality Profile:

Which traits best describe this dog's **personality**? (Check all that apply)

- |  |                                       |                                      |                                   |                                  |   |
|--|---------------------------------------|--------------------------------------|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Energetic   | <input type="checkbox"/> Shy/reserved | <input type="checkbox"/> Talkative   | <input type="checkbox"/> Playful  | <input type="checkbox"/> Serious | <input type="checkbox"/> Independent                          |
| <input type="checkbox"/> Friendly  | <input type="checkbox"/> Fearful      | <input type="checkbox"/> Avoidant    | <input type="checkbox"/> Solitary | <input type="checkbox"/> Anxious | <input type="checkbox"/> Gentle <input type="checkbox"/> Calm |
| <input type="checkbox"/> Confident   | <input type="checkbox"/> Intelligent  | <input type="checkbox"/> Destructive | <input type="checkbox"/> Aloof    | <input type="checkbox"/> Curious | <input type="checkbox"/> Laid back/lazy                       |
| <input type="checkbox"/> People-oriented <input type="checkbox"/> Other: _____ |                                       |                                      |                                   |                                  |   |

What is this dog's **favorite style of play**? (Check all that apply)

- Gentle  Fetch  Hide and seek
- Will learn tricks for treats  Rough  Tug
- Doesn't show a great interest in playing  Loves to play with toys  Playing with other dogs
- Other: \_\_\_\_\_

Does this dog have a favorite type of toy(s)? \_\_\_\_\_

Is this dog destructive with toys? Are they not allowed to have certain types of toys?

- No  Yes, they cannot have: \_\_\_\_\_

Does this dog display any fear of:  Loud Noises  Thunderstorms  Fireworks  N/A

Please describe the behavior(s) observed during these times: \_\_\_\_\_

Is there anything that helped alleviate their discomfort? \_\_\_\_\_

## Lifestyle & Home Life:

Where does this dog spend the majority of their time? (Check all that apply)

- Indoors except to potty  Outside 24 hours  
 Outdoors during the day and in at night  In and out throughout the day

How often does this dog urinate and/or defecate in inappropriate places? (Check all that apply)

- Never  The dog has accidents everyday  Occasionally has accidents  
 Accidents are feces only  Accidents are urine only  Accidents are urine and feces  
 Accidents when company over  Accidents when meetings strangers  Accidents when left too long  
 This dog is trained to use puppy pads

How does this dog behave in the car? (Check all that apply):

- Enjoys car rides  Relaxed/calm  Gets car sick  Fearful of the car  
 Has never been in a car  Other: \_\_\_\_\_

Have you had any problems keeping this dog confined? (Check all that apply)

- No, stays in yard  Yes, jumps fence  Yes, digs to get out  Yes, can open doors/gates

Was this dog ever crated?

- No  Yes - for how long was the animal crated at a time? \_\_\_\_\_

How does this dog behave in a crate? (Check all that apply)

- Calm, sleeps  Whines, barks  Anxious at first, then calms down  Moves crate  
 Has accidents in crate  Tries to escape from crate  Damages items within reach  Drools  
 Cannot be crated (why?) \_\_\_\_\_

What kind of exercise did this dog receive? (Check all that apply)

- Daily walk on lead  Walked 1-3 times per week on lead  Taken off leash in park/country  
 Placed on cable/run outside  Put out in fenced yard  No regular exercise  
 Played with people  Played with other dogs  Played with cats  
 Other: \_\_\_\_\_

Has this dog been around children?  Yes  No

Has this dog ever *lived* with children?  Yes  No

If yes: Please indicate the age range of the children:

- 0-2 years old  2-5 years old  6-10 years old  11-18 years old

If yes: How does this dog behave around children? (Check all that apply)

- Friendly  Playful  Calm  Avoids children  Indifferent  
 Fearful  Aggressive  Other: \_\_\_\_\_

How does this dog act around women? (Check all that apply)

- Friendly  Playful  Calm  Fearful  Indifferent  
 Aggressive  Prefers men to women  Other: \_\_\_\_\_

How does this dog act around men? (Check all that apply)

- Friendly  Playful  Calm  Fearful  Indifferent  
 Aggressive  Prefers women to men  Other: \_\_\_\_\_



## Problem Behaviors & Aggression:

Has this dog displayed any of the following behaviors you consider a problem? (Check all that apply)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Barks too much           | <input type="checkbox"/> Jumps fences             | <input type="checkbox"/> Runs away             | <input type="checkbox"/> Chews up household items    |
| <input type="checkbox"/> Chews up plants          | <input type="checkbox"/> Not housetrained         | <input type="checkbox"/> Marks territory       | <input type="checkbox"/> Destroys outside structures |
| <input type="checkbox"/> Digging                  | <input type="checkbox"/> Plays too rough          | <input type="checkbox"/> Growls or bite        | <input type="checkbox"/> Steals food/trash           |
| <input type="checkbox"/> Guards toys              | <input type="checkbox"/> Guards food              | <input type="checkbox"/> Too needy             | <input type="checkbox"/> Jumps on people             |
| <input type="checkbox"/> Door Dashing             | <input type="checkbox"/> Sensitive to handling    | <input type="checkbox"/> Shed excessively      | <input type="checkbox"/> Mounts people or animals    |
| <input type="checkbox"/> Chases runners           | <input type="checkbox"/> Chases bicycles          | <input type="checkbox"/> Chases sprinklers     | <input type="checkbox"/> Chases cars                 |
| <input type="checkbox"/> Chases wildlife          | <input type="checkbox"/> Unpredictable aggression | <input type="checkbox"/> Lacks impulse control |  |
| <input type="checkbox"/> Aggressive w/children    | <input type="checkbox"/> Aggressive w/ animals    | <input type="checkbox"/> Aggressive w/ adults  |  |
| <input type="checkbox"/> Fearful (explain): _____ |   |  |  |
| <input type="checkbox"/> Other: _____             |   |  |  |

Have you ever worked with a private dog trainer, veterinary behaviorist, or animal behavior specialist for behavior issues?  No  Yes

If yes: What issues and what did they recommend? Was there any improvement? \_\_\_\_\_

Has this dog ever been aggressive towards people or animals? (Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Yes, has bit people  | <input type="checkbox"/> Yes, has growled at people     | <input type="checkbox"/> Yes, has lunged at people |
| <input type="checkbox"/> Yes, has bit a cat   | <input type="checkbox"/> Yes, has growled at cats       | <input type="checkbox"/> Yes, has lunged at cats   |
| <input type="checkbox"/> Yes, has bit other dogs                                      | <input type="checkbox"/> Yes, has growled at other dogs | <input type="checkbox"/> Yes, has lunged at dogs   |
| <input type="checkbox"/> Yes, other: _____  |   |  |
| <input type="checkbox"/> No, has shown no aggression towards people or other animals. |   |  |

Has this dog ever bitten a person or animal? \_\_\_\_\_

How many times has this dog bit a person? \_\_\_\_\_

How many times has the dog bit an animal? \_\_\_\_\_

What kind of animal(s)? \_\_\_\_\_

If this dog has a bite history, please check off any of the following that describe the bite(s):

- Did not puncture skin. However, there may be skin nicks and slight bleeding caused by forward or lateral movement of teeth against skin, but no vertical punctures.
- 1-4 punctures from a single bite with no puncture deeper than half the length of the dog's canine teeth. Maybe lacerations in a single direction, caused by victim pulling hand away, owner pulling dog away, or gravity (little dog jumps, bites, drops to floor).
- 1-4 punctures from a single bite with at least one puncture deeper than half the length of the dog's canine teeth. May also have deep bruising around the wound (dog held on for \_\_\_\_ seconds and bore down) or lacerations in both directions (dog held on and shook its head).
- There have been multiple-bite incidents with at least two bites that leave a puncture deeper than half the length of the dog's canine teeth.
- The victim died because of the bite.

This dog has displayed the following behaviors (check all that apply):

- Becoming very still and rigid
- Guttural bark that sounds threatening
- Lunging forward or charging at the person/animal with no contact
- Mouthing, as though to move or control the person, without applying significant pressure
- "Muzzle punch" (the dog literally punches the person with his/her nose)
- Growl
- Showing teeth
- Snarl (a combination of growling and showing teeth)
- Air Snap

Who or what does this dog aggress towards? \_\_\_\_\_

How predictable are the aggressive incidences? \_\_\_\_\_

When did the aggression start? \_\_\_\_\_

How often does this dog exhibit aggressive behaviors? \_\_\_\_\_

What specifically seems to trigger the aggression? Please consider what was going on during the half-hour or so leading up to the incident, and what the dog perceived would happen next. \_\_\_\_\_

Have you contacted a veterinarian, animal behaviorist, animal behavior specialist, and/or dog trainer about this dog's aggression issues?  Yes  No

If yes: What did they recommend? Did you see any improvements in the behavior? \_\_\_\_\_

Please list anything that has been done so far in an attempt to address the aggression: \_\_\_\_\_

**Additional Comments:**

Is there anything else we should know about this dog's behavior?

What is your favorite characteristic about this dog?

Please add additional information/comments that would be helpful to the CCHS staff: