



K9 Rescue Group Surrender Questionnaire

Owners Name: _____

Contact Number: _____

Owners Suburb/Area: _____

Are you the registered owner of the dog? _____

Date to surrender by: _____

Dog Information

Dog name: _____ Age: _____

Breed: _____

Sex: _____ Sterilized: _____ Microchip: _____ Vaccinated: _____

Why is the dog being surrendered/returned?

Moving Allergies Not Housetrained New Baby Too Much Energy

Not enough time

Not getting along with other pets, please explain: _____

Not getting along with family members, please explain: _____

Behaviour issues, please explain: _____

Other: _____

History Information

Where did you obtain this dog?

K9 Rescue group

Other shelter/rescue: _____

Newspaper / Internet

Found / stray

Breeder

Friend

How old was this dog when you obtained him/her? _____

How was this dog raised?

- With children Single pet With other pets: _____
 Inside only Outside only Both inside and outside

Housing and Activity Information

Where is the dog kept at the home:

When a family member is at home? Inside Outside Both

When staying home alone? Inside Outside Both

How long is the dog left alone per day? _____ hours

When alone, how does the dog behave?

- Rests Plays Paces Chews Whines Howls
 Digs Barks Tries to escape Other: _____

When alone, has the arrangement above been: Successful Manageable Problematic

Where does the dog sleep?

Inside, where _____ Outside, where _____

How often do you walk or otherwise exercise the dog?

Daily Few times per week Once a week Infrequently

Where does the dog get most of his/her exercise?

Yard Lead walks Off-lead park/beach Other: _____

How often do you play with the dog?

Daily Few times per week Once a week Infrequently

What is the dog's favourite game? _____

Has the dog lived with another dog? Yes No

If yes, please provide details: _____

Does the dog like playing with other dogs? Yes No Resident dog only

Housetraining Information

Is the dog housetrained? Yes No

Does this dog have accidents? Yes No

If yes, Urine Faeces Both

Frequent, even when people are home

Only when left alone

Only occasionally

Feeding Information

What type of food does this dog eat?

Dry biscuits Canned food Both Special diet

How often is the dog fed?

1x per day 2x per day Free fed

Does this dog have a favourite treat? _____

Training Information

Which behaviours is this dog familiar with?

Sit Down Stay Come Heel Shake

Other: _____

When walking on a lead, this dog:

Pulls hard Pulls occasionally Generally walks nicely No exposure to lead

What training equipment is this dog used to?

Flat collar Body harness Head halter Other: _____

Has this dog had training? Yes No

Private sessions Group classes Type of training: _____

How do you discipline the dog?

Verbal correction Physical correction Other: _____

Behaviour Information

Does the dog have any behaviour issues that an adopter should be aware of? Tick all that apply:

- Barking Nipping Needy Destructive Jumping on people
- Chasing bikes Chasing cars Chasing joggers Chasing
- Digging Scratching Jumping the fence
- Aggressive towards people outside the home (growling, snapping, lunging at, snarling)
- Aggressive towards other dogs (chasing, growling, snapping, lunging at, snarling)
- Aggressive towards other animals (chasing, growling, snapping, lunging at, snarling)
- Aggressive towards visitors to the home (growling, snapping, lunging at, snarling)
- Other: _____

Is your dog scared of:

- Men Women Children Strangers Vet Groomer
- Riding in the car Loud noises Thunderstorms Fireworks
- Bathing Brushing Nail clipping Other animals
- Other: _____

Does the dog like to be handled? Yes No

If yes, what does the dog like (pats, ear rubs, belly rubs):

If no, what areas on the body does the dog NOT like to be touched:

If touched in these areas, how does the dog respond?

- Growls Moves away Snaps Bites

Does the dog growl or snap or bite when you touch his/her treats, toys, bed?

- Yes No

Has the dog ever growled, snapped at, bitten, or otherwise caused injury to a person?

- Yes No

If yes, explain: _____

Has the dog ever growled, snapped at, bitten, or otherwise caused injury to another animal?

- Yes No

If yes, explain: _____

Medical History

Has the dog ever had surgery? Yes No Unknown

If yes, please explain: _____

How does the dog behave during visits to the vet? _____

Does the dog have to be muzzled during visits to the vet? Yes No

Rehoming Information

How would you describe the dog overall?

- Calm Excitable Cuddly Confident Friendly Smart
- Shy Fearful Nervous Clingy Anxious Aloof
- Loner Happy Social (dogs) Social (people)

Please describe any wonderful, special treats or habits that you would like an adopting family to now about.

What type of home would best suit this dog?
