



WAHS is a No-Kill Shelter, Funded by Private Contributors
Phone: 724.222.PETS (7387) 🐾 Website: washingtonpashelter.org

Shelter Address: 1527 Route 136 🐾 Eighty Four, PA 15330
Mailing Address: PO Box 66 🐾 Eighty Four, PA 15330

Dog Surrender Agreement and Background Information

Please take the time to fill out this form accurately, honestly, and with as much detail as possible. This information helps us match your dog with a potential adopter.

Dog and Household Information

1. Dog's name: _____
2. Sex: () Male () Female
3. Age: _____
4. Breed: _____
5. How long have you had this dog? _____
6. Is the dog spayed or neutered? () yes () no
7. Does the dog have: () Tattoo () Microchip
8. Your relationship to dog? () Owner () Friend/caretaker () Foster owner () Other
9. Where did you get his dog from? () Owner () Friend/caretaker () Newspaper/web site () Found/Stray
() Breeder () Pet store
() Other shelter/rescue (please write name) _____
() Other (please describe) _____
10. Why are you giving up this dog? _____
11. Including yourself, how many people of the following ages live in your house? Please fill in boxes.

Age Range (years)	Female	Male
0-3		
4-9		
10-17		
18-29		
30-59		
60+		

12. What other animals did you dog live with?
() No other animals in household () Dogs () Cats () Other (please describe) _____



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Typical Behavior (Your dog's usual behavior)

13. How does your dog usually behave towards the following? Please check the boxes

	Never encounter	Friendly	Afraid	Shows teeth/growls	Snaps	Bites	None of these
People your dog knows							
Men							
Women							
Children							
Unfamiliar people							
Men							
Women							
Children							
Animals your dog knows							
Dogs							
Cats							
Unfamiliar animals							
Dogs							
Cats							

14. Does your dog usually uncontrollably chase or attempt to chase any of the following? Please check all that apply.
 Joggers Bicycles Skateboarders/roller bladers Cars/motorcycles
 Outdoor cats Squirrels or other small animals Birds Doesn't chase
 Other (please describe)

15. How does your dog usually react when you or another family member does the following? Please check boxes.

	Never tried	Enjoys	Allows	Afraid	Shows teeth/growls	Snaps	Bites	None of these
Bathe								
Brush								
Wipe feet								

16. How does your dog usually react when an unfamiliar person approaches or enters the yard or house?
 Friendly Afraid Barks shows teeth/growls Snaps Bites None of these

17. do you take your dog out to go to the bathroom?
 Yes (please specify how many times per day) _____ No/paper trained

18. Does your dog usually have accidents in the house?



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Yes (please specify how many times per day) _____ No

19. Is the dog housebroken? Yes No

20. Is the dog crate trained? Yes No

21. Where does your dog spend most of his/her time?

- Inside the house, runs free Inside the house, in cage Outside the house, runs free in the neighborhood
 Outside the house, runs free in the yard Outside the house, in cage Outside the house, tied
 Other (please describe)

22. How long is your dog left alone, without people, during the week?

- Never 1-3 hours 4-8 hours 9-12 hours Over 12 hours

23. Where is the dog kept when no one is home? (check all that apply)

- Crate Loose in house Garage Fenced yard Tied in backyard Outside
 Other (please explain)

24. Is the dog destructive? Yes No If yes, please describe. Check all that apply.

- Chews or scratches when alone Chews or scratches furniture/rugs/etc. Chews sticks/trees
 Chews or scratches on windows/doors to get in Chews or scratches on windows/doors to get out
 Chews owner's belongings Dogs randomly in yard Digs at fence line Other

25. When you dog plays, does he/she typically..... Please check all that apply.

- Jumps Growls Barks Bites lightly Bites hard None of these

26. What toys does your dog like?

- Balls Frisbee Plush Squeaky Tug toy None Other, please describe

27. What games does your dog like?

- Fetch Tug Chase Wrestle None Other, please describe

28. Is your dog scared of anything?

- Yes, please describe No

29. Please tell us your dog's bad habits:

30. Is your dog allowed on furniture? Yes No

31. Where does your dog usually sleep at night? Check all that apply.

- Crate In owner's room In owner's bed Garage In child's room In child's bed Outside Loose in house
 Other, please explain

32. What commands does your dog know?

- No commands known Sit Stay Down Come Heel Give paw
 Other, please explain.



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33. Has your dog attended any obedience training classes? Yes No

34. Has your dog ever been walked on the leash? Yes No

35. Does your dog have problems riding in the car?

Yes, please describe:

No Don't know

36. Has your dog escaped your property 2 or more times in the last 6 months?

Yes, please describe:

No

Aggressive Behavior (Behavior that has ever happened)

37. Is there any report of your dog ever inflicting a serious bite to a person (such as an attack or a bite requiring hospitalization)? Yes No Don't know

38. Has your dog ever attacked another dog resulting in severe injury or death to another dog?

Yes No Don't know

39. Has your dog ever attacked another domesticated animal species (cats or livestock but not "small pets" like hamsters, guinea pigs, etc.) resulting in severe injury or death to another domesticated animal?

Yes No Don't know

40. Please check the appropriate box if your dog has ever shown any of the following aggressive behaviors toward men, women, children, dog, or another domesticated animal species (cats or livestock, not "small pets" like hamsters, guinea pigs, etc.) Do not include aggressive behaviors directed toward a veterinarian or groomer.

	Shows teeth/growls	Snap	Bite	None of these	Do not know
Men					
Women					
Children					
Dog					
Cat or livestock					

41. If a snap or bite to men or women was checked, did the snap or bite to adult take place while breaking up a dog fight or while a dog was in severe pain? Yes No

42. If a snap or bite to children was checked, did the snap or bite to a child take place while breaking up a dog fight or while a dog was in severe pain? Yes No



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43. Please explain the circumstances of the snap or bite. If you checked more than one bite in the table above, please explain the circumstances of every snap or bite.

44. Do you feel the dog is protective or possessive? () Yes () No If yes, explain.

45. If any aggressive behavior to men, women, or children was checked in the table above, please answer the following questions. If does not apply, skip the table.

	Men	Men	Women	Women	Child	Child
	Yes	No	Yes	No	Yes	No
Was the aggressive behavior over food?						
Was it over bones or rawhides or chews?						
Was it over toys?						
Was it over stolen objects?						
Was it when the dog was disturbed while sleeping or resting?						
Was it when an adult or child handled the dog (brushing, handling feet, bathing, teeth brushing, ear cleaning, etc. but do NOT include reaction to vet or groomer)?						
Was it when an adult or child entered the house or yard?						
Was it when an adult or child approached or reached toward dog?						

46. Has the dog ever bitten or scratched a person? () Yes () No If yes, please provide the following information:

- Date of bite or scratch:
- Did bite or scratch break the skin? () Yes () No
- Name of the person bitten or scratched:
- In what city did bite or scratch occur?
- Was animal control involved? () Yes () No If yes, please provide details of bite or scratch.

47. I hereby certify that the above described dog has NOT bitten or scratched any person in the last ten days. Initial _____

Medical History

48. Does your dog see a veterinarian at least once a year? () Yes () No

49. If "yes", please specify the veterinarian name and contact information

Veterinarian Name:

Contact Information:

50. Check if your dog has ever shown any of the following aggressive behaviors when handled by a veterinarian or groomer.

	Never done	Show teeth/growl	Snap	Bite	None of these
Examine					
Retrain					
Administer shots					
Trim nails					
Take blood					

51. Does your dog have to be muzzled at the veterinarian? () Yes () No



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52. Does your dog have any past or present medical conditions, such as skin problems, allergies, etc.?

Yes, please describe:

No

53. Is your dog currently on any medication or special diet?

Yes, please describe:

No

54. What type of food does your dog eat? Please check all that apply.

Dry Wet/canned Table scraps

55. Please feel free to tell us any additional helpful comments.

Name: _____ Date: _____

Address: _____

City/State/Zip/County: _____

Phone Number: _____

Signature: _____