

Canine Questionnaire

Animal ID# _____



All pet owners are asked to complete this questionnaire at the time of surrender. This information can provide us with more background about the animal's history and behavior which is helpful in determining what is best for the dog or puppy. Please answer as many questions as possible, we appreciate your honesty!

Date: _____

1. Dog's name: _____ Age or approximate age: _____
Sex: ☐ M ☐ Neutered ☐ F ☐ Spayed How long have you had this animal? _____
2. Reason for surrender: _____
3. Name of dog's vet clinic and city located: _____
4. Has this dog seen a veterinarian in the past 12 months? ☐ Yes ☐ No
Reason for the visit? _____
5. Any illnesses, conditions, allergies or injuries a new owner should be aware of regarding this dog?
☐ No ☐ Yes, Please explain: _____
6. How did you get this dog? _____
7. Has the dog ever bitten a person? ☐ No ☐ Yes If yes, did it break the skin? ☐ Yes ☐ No
8. Has this dog ever killed or injured another animal? ☐ No ☐ Yes, please describe: _____

9. The dog's personality tends to be: (check all that apply) ☐ Friendly/Outgoing ☐ Playful
☐ Timid/shy/nervous/fearful ☐ Gentle ☐ Confident ☐ Affectionate ☐ Protective ☐ Demanding
☐ Reserved ☐ Aggressive ☐ Other: _____
10. Describe the daily exercise your dog receives: _____
11. Has the dog lived with: ☐ Men ☐ Women ☐ Children, ages: _____ ☐ Cats _____
☐ Dogs, breed/size: _____ ☐ Other animals: _____
12. Are there any behavior issues this dog has with any of the above? ☐ Yes ☐ No
Please describe: _____
13. Has your dog lived: ☐ Indoor mainly ☐ Indoor/Outdoor ☐ Outside only
14. Is your dog house trained or crate trained? ☐ Yes ☐ No ☐ Unsure
15. How many hours is the dog usually left alone during the day? _____
16. Does your dog tend to: ☐ Dig ☐ Chew destructively ☐ Bark/Howl excessively ☐ Chase bikes/cars
☐ Jump fences of _____ ft. ☐ Not tolerate being brushed/groomed ☐ Fear loud noises
☐ Other: _____
17. Has your dog received or completed obedience training? ☐ Yes ☐ No ☐ Don't know/remember
Commands known: _____
18. What are your dog's favorite food, treats, or toys? _____
19. Has this animal traveled/lived outside the Pacific Northwest in the last 1 month? ☐ Yes ☐ No
☐ Don't know If yes, where and for how long? _____

Please provide additional information about the background, behavior or medical history of this animal below.

Additional Background Information

Additional Behavior Information

Additional Medical Information

SURRENDER STATEMENT

I certify that said animal: ☐ HAS ☐ HAS NOT bitten any animal or human within the last ten (10) days to my knowledge.

I certify that:

- ☐ I DO NOT OWN the animal(s) listed above, nor do I know the animal's owner.
- ☐ I AM THE OWNER, OR AGENT OF THE OWNER, of the animal(s) listed above, and that the animal is free and clear of all other interests. I authorize RASKC to obtain medical records from my veterinarian for the animal(s) listed above.

I hereby relinquish to RASKC all rights, title and interest in and to the animal(s). I request that the animal be disposed of as deemed advisable, at RASKC's discretion. I expressly agree that neither RASKC nor its officers or employees, will incur any obligation on account of their disposition of said animal(s).

I understand that RASKC makes no guarantee that any animal I surrender hereby will be put up for adoption or adopted. I understand that the animal(s) I surrender may be humanely euthanized, at RASKC's sole discretion.

I understand that if the animal(s) is made available for adoption and I am interested in adopting, standard adoption procedures and fees will apply. I understand that the animal(s) will be assessed for health and temperament and that RASKC cannot guarantee I will be able to adopt the animal(s).

Finder or Owner Signature: _____ Date: _____ Staff: _____

EUTHANASIA REQUEST

Are you specifically requesting euthanasia for the animal(s) listed above? ☐ No ☐ Yes

Reason: _____

EUTHANASIA REQUEST: I understand that, after my release of this animal and request for euthanasia, RASKC will examine the animal and make the final determination about euthanasia. In the event that RASKC determines that the animal should be treated instead of being euthanized, any euthanasia fees I have paid will be considered a donation and will not be refunded to me.

Owner Signature: _____ Date: _____ Staff: _____