

Owner Surrender Dog Profile

	Animal ID# Kennel #
Date/ Dog's na	// ame
	e reason you wish to surrender your dog?
Are you co	mfortable with your dog being adopted out to another family?YesNo
If No, why	/?
	og ever bitten? YesNo If yes, please
-	
	opt this dog from the Kitsap Humane Society?If yes, when? How long have you had this dog?
1.	
2.	What kind of animals has this dog lived with?Male dogs Female dogs cats Fowl Livestock Was only pet in home.
3.	From previous experience, what would you say your dog does NOT get along with?Male dogs Female dogscatsFowl LivestockWas only pet in home.
4.	Did this dog live with children?YesNo If yes, what were the ages
5.	Should this dog go to a new home with children?YesNo ages
6.	This dog is <u>crate trained(day or night)</u> Not trained Paper trained <u>a</u> submissive wetter
7.	Is this dog housebroken?Yes No If yes, what is his/her signal that he/she needs to go out?
8.	How do you keep this dog secured?Fenced yard (height of fenceft)kennelCrateGarage Cable dog runinvisible fence
9.	Have you had any escaping issues with this dog?Yes No If yes, how did he/she escape?
10.	Was this dog primarily an indoor or outdoor dog?

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11.	What best descr	_Active _	_Aloof _	_Calm _	Cuddly	_ Friendly			
	Hyperactive _	Playful _	Shy _	_fearful					

- 12. Is your dog protective? __Yes __No Protective of: __Food __Treats __Toys __Home __Children
- 13. This dog tends to: __bark/howl excessively __Jump up __Chase cars/bikes __Dig __Chew destructively __Roam __Dislike men __Dislike women __Dislike children
- 14. This dog is afraid of __Vacuum __Thunder __ nail trimming __Car rides __ Vet visits __All loud noises
- 15. Does this dog have any medical issues that you are aware of? __Yes __No If yes, what are they?
- 16. Do you have vet records for this dog? __Yes __No If yes, can you bring them in? __Yes __No
- 17. What vet clinic did you take this dog to: __None _____Phone # for clinic______Phone # for clinic_______Phone # for clinic______Phone # for clinic_____Phone # for clinic_____Phone # for clinic______Phone # for clinic______Phone # for clinic_____Phone # for clinic_____Phone # for clinic______Phone # for clinic_____
- 18. Please take a minute to describe the BEST living situation for this dog:

Thank you