

DOG RELINQUISHMENT QUESTIONNAIRE

Date: ____/____/____

Adopted from Helping Paws: Yes ___ No ___ Other (specify) _____

If from Helping Paws, what was dog's name at time of adoption? _____

Name: _____

Address: _____

City / State / Zip _____

Home Phone # _____ Cell # _____

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Dog's Name _____

Breed/Mix _____ Purebred _____

Sex: Male ___ Female ___ Age: _____

Weight _____ Spayed or Neutered: Yes ___ No ___

Why do you have to relinquish the dog? _____

Does this dog belong to you? Yes ___ No ___

If yes, how long have you owned it? _____

If no, what is your relation to the owner? _____

Dog's veterinarian: _____ Phone # _____

When was the dog last seen by his veterinarian? _____

Reason for that visit: _____

Is the dog current on his annual vaccinations? _____

Has the dog been tested for heartworm? Yes ___ No ___

If yes, results: Positive ___ Negative ___

Is the dog currently receiving heartworm medication? _____

If yes, what kind and how often? _____

Is the dog currently receiving any other type of medication? _____

If yes, what kind and how often? _____

Has the dog ever bitten anyone? Yes ___ No ___

If "yes" please explain circumstances for that behavior: _____

Is the dog friendly to strangers? Yes ____ No ____ Don't Know ____

Does it get along well with children? Yes ____ No ____ Don't Know ____

Does it get along well with other dogs? Yes ____ No ____ Don't Know ____

Does it get along well with cats? Yes ____ No ____ Don't Know ____

Is the dog completely housebroken? Yes ____ No ____

Does it bark excessively/chew household items when left alone? Yes ____ No ____

Is the dog trained to walk on a leash? Yes ____ No ____

How much exercise does the dog get on a daily basis?

20 minutes ____ 40 minutes ____ Hour or more ____

How many times a day is the dog taken out to relieve itself?

1 time ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____

Additional comments: _____

Revised 02/11