

Canine Rehoming Form



Dog's Name _____

What is your animal's age? _____

How long have you had the animal? _____

Where did you get your dog? (Circle all that apply)

Friend Shelter/Rescue Breeder Pet Store Other _____

Is your dog spayed or neutered? Yes _____ No _____

Do you use our MHS Veterinary Centers? Yes _____ No _____

Why are you surrendering your dog to the shelter? (Circle all that apply)

Behavioral problems Time commitment Family Issues Health Issues Other

Please explain why you need to surrender your dog in your own words _____

History with Animals

What other animals has your dog lived with? Cats _____ Dogs _____ Other _____

How does your dog behave around other dogs? (Please circle all that apply)

Friendly Playful Shy Afraid Avoids Growls Other _____

How does your dog behave around cats? (Please circle all that apply)

Friendly Playful Shy Afraid Avoids Growls Chases Other _____

History with Children

Has your dog lived with children? Yes _____ No _____ Ages _____

How does your dog interact around children? (Circle all that apply)

Friendly Playful Shy Afraid Avoids Growls Other _____

Personality

What is your dog afraid of (fireworks, cars, thunderstorms, strangers, etc.)? _____

Are there any areas that your dog doesn't like to be touched?

Paws _____ Tail _____ Ears _____ Stomach _____ Face _____ Other _____

What bad habits does your dog have? (Circle all that apply)

Chewing Accidents in the house Jumping on the counter Escapes yard Barks at strangers

Other _____

What best describes your dog? (Check all that apply)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Knows sit | <input type="checkbox"/> Likes rope toys | <input type="checkbox"/> Barks constantly | <input type="checkbox"/> Enjoys car rides |
| <input type="checkbox"/> Knows stay | <input type="checkbox"/> Plays fetch | <input type="checkbox"/> Enjoys dog parks | <input type="checkbox"/> Afraid of car rides |
| <input type="checkbox"/> Enjoys baths | <input type="checkbox"/> Pulls on leash | <input type="checkbox"/> Jumps on people | <input type="checkbox"/> Enjoys treats |
| <input type="checkbox"/> Climbs fences | <input type="checkbox"/> Likes stuffed toys | <input type="checkbox"/> Shy with strangers | <input type="checkbox"/> Friendly with strangers |

What special personality characteristics does your dog have that you'd like a new owner to know?

Household History

Does your dog have accidents in the home? Yes _____ No _____

How often do the accidents occur and what type? (Circle all that apply)

Daily Few times a week Few times a month Few times a year Urinate Defecate

When left alone where does your dog spend most of their time?

Crated _____ Free in the house _____ Confined to a room _____ Outdoors _____

Does your dog destroy things in the house/yard? Yes _____ No _____

If so, what items? _____ How often? _____

Possessive History

How does your dog respond if you touch their food bowl while eating? _____

How does your dog respond if you try to take a toy while playing? _____

How does your dog respond if you try to touch a rawhide/treat while chewing? _____

How does your dog respond if you push him off the furniture? _____

Medical History

When was the last time your dog went to the vet?

A month ago _____ A year ago _____ More than a year ago _____ Never been _____

Has your dog ever been muzzled at the vet? Yes _____ No _____

Has your dog ever had surgery? If so what type? _____

What type of food does your dog eat? _____

Is your dog currently on any medication? Yes _____ No _____ Type: _____

Staff initials: _____
Date: _____