

# SURRENDER ADDITIONAL INFORMATION

Save One Soul Animal Rescue League (SOS)

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Dog's Name \_\_\_\_\_ Color \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_

The information below will help us maintain continuity of care and place the dog into the right home. Please be as accurate and provide as much information as possible. Please use additional pages as necessary.

## HISTORY

How long has this dog lived with you? \_\_\_\_\_

Where did you get this dog? \_\_\_\_\_

Why are you surrendering this dog? \_\_\_\_\_

## FOOD

1. What is the dog eating? Brand: \_\_\_\_\_  
How much: \_\_\_\_\_ How often: \_\_\_\_\_

2. List any medications, supplements (type, dosage):  
\_\_\_\_\_

## ROUTINE

1. How many hours a day is this dog used to being alone? (*please circle*) 1-3hrs 3-6hrs 6-9hrs Other: \_\_\_\_\_

2. How does the dog react to being left alone? \_\_\_\_\_

3. Where do you leave the dog when no one is home? (*please circle*)  
Crate Loose in House Loose in Yard Basement Other: \_\_\_\_\_

4. Where does the dog sleep? \_\_\_\_\_

5. Is the dog used to being walked? How long/often? \_\_\_\_\_

6. What kind of leash/harness/collar is used to walk the dog? \_\_\_\_\_

7. Is the dog used to being played with? How often/what kind of play?  
\_\_\_\_\_

## BEHAVIOR

1. Is/Does the dog:
- a. Like to ride in cars? Yes / No Comments: \_\_\_\_\_
  - b. Like to swim? Yes / No Comments: \_\_\_\_\_
  - c. Jump fences? Yes / No Comments: \_\_\_\_\_
  - d. Dig? Yes / No Comments: \_\_\_\_\_
  - e. Chase cars? Yes / No Comments: \_\_\_\_\_
  - f. Urinate when scared? Yes / No Comments: \_\_\_\_\_
  - g. Come when called? Yes / No Comments: \_\_\_\_\_
  - h. Growl at strangers? Yes / No Comments: \_\_\_\_\_
  - i. Good with children? Yes / No If yes, what ages? \_\_\_\_\_
  - j. Good with cats? Yes / No If no, what does the dog do? \_\_\_\_\_
  - k. Good with other dogs? Yes / No If no, what does the dog do? \_\_\_\_\_
  - l. Used to being groomed? Yes / No Comments: \_\_\_\_\_
  - m. Housebroken? Yes / No Comments: \_\_\_\_\_
  - n. Walk well on leash? Yes / No Comments: \_\_\_\_\_
  - o. Crate trained? Yes / No Comments: \_\_\_\_\_
  - p. Obedience trained? Yes / No Comments: \_\_\_\_\_

2. Is the dog housetrained (never goes potty in the house)? Yes No
3. Is the dog paper trained (goes potty inside on pee pads)? Yes No
4. How often does the dog have accidents? Once a day Once a week Never Only when left alone too long  
Other: \_\_\_\_\_
5. What does the dog do when you try to take toys away? \_\_\_\_\_
6. What does the dog do when you try to take food/treats away? \_\_\_\_\_
7. Have you ever trimmed this dog's nails? Yes No If Yes, what was the response? \_\_\_\_\_
- 
8. Is there any body part that this dog does not like you to touch? Yes No  
If yes, where? Head Paws Tail Stomach Other: \_\_\_\_\_
9. Does this dog bark when someone comes to the door? Yes No
10. What does this dog do when someone comes into the home? \_\_\_\_\_
- 
11. What obedience training has been completed with the dog? \_\_\_\_\_
- 
12. Is this dog frightened of anything? Yes No If Yes, what? \_\_\_\_\_
- 
13. What kinds of people is this dog used to living with? Adult Men Adult Women Seniors  
Children (ages): \_\_\_\_\_
14. How would you describe this dog's behavior with RESIDENT children under 10yo?  
Playful Jumps Up Calm Avoids Growls Snaps at Shy Friendly  
Chases Tolerant Dislikes Outgoing Excited Nervous
15. How would you describe this dog's behavior with VISITING children under 10yo?  
Playful Jumps Up Calm Avoids Growls Snaps at Shy Friendly  
Chases Tolerant Dislikes Outgoing Excited Nervous
16. Are there any types of people this dog is afraid of (eg, men, uniforms, hats, etc)? Explain: \_\_\_\_\_
- 
17. Do you have other pets in your home? Yes No If yes, what kinds? \_\_\_\_\_  
How does the dog get along with these pets? \_\_\_\_\_
18. What does the dog like/dislike? \_\_\_\_\_
- 
19. Does this dog have a history of biting? Yes No If yes, please explain in detail and provide all dates of incidences on a separate page.
20. What are THREE THINGS you like/enjoy about this dog?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
21. What are THREE THINGS you would change about this dog?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
22. Anything else you'd like us to know? Please use another page to share details to help us make this transition as easy as possible.

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