DOG SURRENDER APPLICATION

Humane Society Silicon Valley offers pet surrender services as space and resources allow. Our primary role in the community is to save the lives of animals at risk in local municipal shelters; therefore, we ask that you only consider surrendering your pet to our shelter as a last resort. If you feel you have exhausted all other options, please complete this form as thoroughly as possible and send it back to us via the contact information on the last page. Thank you for your consideration!

**Next Steps: Reservations and Proof of Current Vaccinations are Required** Once we receive the completed application and proof of vaccinations (Rabies, DA2PP & Bordatella), we will contact you within 48 hours to review the information and discuss your options and next steps. Please do not bring your pet to the shelter without an appointment, as drop-in’s will not be accommodated.

**YOUR CONTACT INFORMATION**

Your Name: ___________________________ Phone: ___________________________
E-mail: ___________________________ Alt phone: ___________________________
Address: ___________________________ City and Zip: ___________________________

**DESCRIPTION OF YOUR DOG and BASIC HISTORY**

Dog’s Name: ___________________ Age: _______ Sex:  □ Male  □ Female  Spayed/Neutered?:  □ Yes  □ No

Breed and Color: ________________________________________________________________

Is your dog microchipped?  □ No  □ Yes  Chip #:_____________________________________

Why do you need to give up your dog? __________________________________________________

If you have a time limit, please tell us the date you need to surrender by: ________________________________

If we could help you resolve the issue, would you consider keeping your dog?  □ Yes  □ No  □ Maybe

Relinquishing your pet to an animal shelter should be a last resort, what have you already done to try and find your dog a new home? ___________________________________________________________________________________________
_________________________________________________________________________________________

Does your dog have a tendency to bite or snap?  □ Yes  □ No  If yes, does it break skin?  □ Yes  □ No

If yes, under what circumstances will your dog bite?

Has your dog bitten anyone in the last 10 days?  □ Yes  □ No  If yes, did it break skin?  □ Yes  □ No

If yes, what were the circumstances:
_________________________________________________________________________________________

How long have you owned your dog? ________________________________

If this is not your dog, who owns this dog?

Including yours, how many homes has this dog had? ________________________________

Where did you get your dog from?

□ Breeder  □ Friend or Relative  □ HSSV (when did you adopt?):

□ Pet Store  □ Advertisement  □ Another Shelter / Rescue (which one?):

□ Born at home  □ Found stray  □ Other:
FAMILY ENVIRONMENT

Please describe the human family members that your dog has lived with (check all that apply):

- Adult Men
- Adult Women
- Senior Citizens
- Children (what ages):

Did your home have children as visitors on a regular basis?  
- Yes  
- No

If yes, what were the ages of the children:

Describe your dog’s behavior around children (check all that apply):

- Gentle
- Ignores or indifferent
- Watches over children
- Other (please explain):

Would you recommend placing this dog in a home with children?  
- Yes  
- No

If no, please explain:

Please check all the animals that your dog has lived with (check all that apply):

- Male dogs
- Cats
- Birds
- Small Animals (what kind):
- Female dogs
- Rabbits
- Reptiles
- Farm Animals (what kind):
- Other:

Describe your dog’s behavior around other dogs (check all that apply):

- Never been around other dogs
- Ignores or indifferent
- Good with some dogs
- Other (please explain):

Would you recommend placing this dog in a home with other dogs?  
- Yes  
- No

If no, please explain:

Describe your dog’s behavior around cats (check all that apply):

- Never been around cats
- Ignores or indifferent
- Aggressive
- Other (please explain):

Would you recommend placing this dog in a home with cats?  
- Yes  
- No

If no, please explain:

HOME ENVIRONMENT & MANNERS

Where was your dog kept when no human members of your family were at home (check all that apply):

- Free run of home
- In garage
- Other (please explain):

Where does your dog sleep at night (check all that apply):

- Loose in the home
- In crate
- In garage
- Outside in kennel enclosure
- Other (please explain):
How many hours of a typical day is your dog kept outside (check one):

- None, lives only indoors
- 5-10 hours
- Other (please explain): None, lives only indoors
- Less than 1 hour
- Only inside at night
- 1-5 hours
- Lived outdoors, never been inside
- 5-10 hours
- Only inside at night
- Lived outdoors, never been inside

How is your dog confined to your property when outside (check all that apply):

- Fenced yard
- Kennel or enclosure
- Dog house
- Electronic Pet Containment
- Other (please explain): Fenced yard
- Never left alone outside
- Never left alone outside

Have you ever kept your dog tied or chained in the yard?  
- No
- Yes, _______________ hours per day

Has your dog ever escaped?  
- No
- Yes, how?_________________________

If yes, where did your dog go, and how long was he gone?

Is your dog housetrained?

- Yes, never eliminates inside the home
- No, regularly eliminates inside
- Yes, but occasionally urinates inside
- Used to be housetrained, not now
- Yes, but occasionally defecates inside
- Dog was never inside the home

If your dog does have housetraining accidents, they most often happen when (check all that apply):

- When dog is not closely supervised
- When dog is overexcited
- When dog is sleeping
- When dog is not kept on a schedule
- When dog greets people
- Only urinates submissively
- Other:

How have you dealt with housetraining problems (check all that apply):

- Made dog feel guilty/acted “mad” at dog
- Confined dog inside
- Rubbed nose in it
- Yelled at the dog
- Kept dog outside
- Consulted vet or trainer
- Spanked/Swatted dog
- Other:

Is your dog crate trained?

- Yes
- No
- Tried, but dog didn’t like crate
- Tried, but dog escaped crate

If yes, how long does your dog spend in the crate each day?

Can your dog be left alone in the home or yard for 8 hours a day without issues?  
- Yes
- No
- Never tried

If no, why not?

Is your dog destructive when left alone in your home or yard (If yes, check all that apply)?  
- Yes
- No

- Chews woodwork/walls
- Chews furniture
- Chews/gets other inappropriate objects
- Chews on windows/doors
- Chews clothing/shoes
- Is not left alone inside the home
- Digs or destroys yard
- Other (please explain):

When left alone at home, does your dog annoy the neighbors?  
- Yes
- No

Is your dog allowed to sit and/or sleep on human furniture?  
- Yes
- No

Does your dog raid the trash, “steal” unattended people food or get into other similar mischief?  
- Yes
- No

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**OBEDIENCE, EXERCISE, PLAY and BEHAVIOR**

What kind of training does your dog have?

- Home Training
- Puppy classes
- Obedience classes
- Board and Train
- Advanced Training (agility, flyball, etc.)
- No Training
- Where & when:

How often do you work with your dog on manners/training?

- Daily
- Weekly
- Not since obedience class(es)
- Rarely
- Never
Please tell us about any fun or useful tricks you have taught your dog to do (check all that apply):

- Basic obedience commands
- Walk on a loose leash
- Shake or similar cute trick
- Ride nicely in car
- Come when called
- Greet visitors politely
- Take treats gently
- Get on & off furniture when asked

What words does your dog understand?

- Sit
- Stay
- Leave it
- Take it
- Down
- Heel
- Drop
- Wait
- Off
- Come
- Drop
- Doesn’t know commands

What language does your dog best understand?  
- English
- Spanish
- Vietnamese
- Other______________________

Can your dog be allowed off-leash and come when called?  
- Yes
- No
- Sometimes

Does your dog jump up on people when greeting them?  
- Yes
- No
- Sometimes

What type of exercise does your dog get on a regular basis (check all that apply)?

- Accompanies owner running / jogging
- Accompanies owner walking / hiking
- Plays with adults
- Plays with other dogs
- Dog walker
- Dog park
- Plays with kids
- Doggie daycare
- Fetch
- Not enough exercise for my dog’s needs
- No exercise at all
- Other:

What are your dog’s favorite kinds of toys (check all that apply)?

- Tennis balls / rubber balls
- Plush / stuffed toys
- Squeaky toys
- Rope toys
- Frisbee
- Children’s toys
- Shoes
- Sticks
- Other:

How does your dog like to play with people (check all that apply)?

- Plays gently
- Prefers to fetch
- Prefers to chase
- Plays respectfully
- Enjoys tug of war
- Plays rough, but stops when told
- Plays very physically
- Plays hard, doesn’t stop when told
- Jumps and uses mouth in play
- No interest in playing with people
- Other:

How does your dog like to play with other dogs (check all that apply)?

- Plays chase with little body contact
- Adapts to other dogs play style
- Hangs out/gentle play with other dogs
- Will play with all dogs
- Herds or nips others during play
- Shares toys and plays quietly
- Barks constantly
- Does not enjoy play with dogs
- Plays hard with lots of body contact
- Will not share toys
- Has to be in charge during play
- Has never played with other dogs
- Other:

Please describe your dog’s behavior in the car (check all that apply):

- Calm
- Protective of car
- Nervous
- Destructive
- Gets car sick
- Never rides in car

Is your dog protective or possessive of any of the following (check all that apply)?

- Of food (toward people)
- Of food (only with other animals)
- Of owner/family
- Of toys (toward people)
- Of toys (only with other animals)
- Of bed, crate, or space
- Of his/her body
- Of property; good guard dog
- Dog is not protective/possessive
- Other:

Please select all of the following that frighten your dog (check all that apply)?

- Men
- Teenagers
- Strangers / visitors
- Erratic or sudden movement
- Thunder / lightening
- Vacuum
- Women
- School-aged children
- People in uniform
- Loud voices / yelling
- Fireworks
- Broom
- Babies or Toddlers
- Unpredictable Children
- Veterinarian or groomer
- Loud noises
- Cars
- Bicycles / skateboards

- Other (please explain):
Has your dog ever barked, growled, snapped at or bitten any of the following people or animals? *(check all that apply)*

<table>
<thead>
<tr>
<th>Category</th>
<th>Barked</th>
<th>Growled</th>
<th>Snapped</th>
<th>Bitten</th>
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</thead>
<tbody>
<tr>
<td>Adult family members</td>
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<tr>
<td>Children family members</td>
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<tr>
<td>Strangers at door</td>
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<tr>
<td>Visiting adults</td>
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<tr>
<td>Visiting children</td>
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<tr>
<td>Vet or groomer</td>
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<tr>
<td>People near his/her sleeping area</td>
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<tr>
<td>People near his / her food or treats</td>
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<tr>
<td>Pedestrians</td>
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<tr>
<td>People in uniform</td>
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<tr>
<td>Wildlife</td>
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<tr>
<td>Friends or neighbors pets</td>
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</table>

What does your dog do when it sees wild animals like squirrels, raccoons, opossums *(check all that apply)*?

- Ignores
- Tries to play with
- Stalks
- Watches intently and/or silently
- Kills
- Never seen a wild animal
- Other *(please explain)*:

Does your dog ever run after cars, bikes, skateboarders, or pedestrians?  
- Yes  
- No  

If yes, please explain:

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### HEALTH, DIET and GROOMING

Name and Phone # of your dog’s veterinarian: ________________________________

Approximate date of last visit: __________________ Reason for visit: __________________

How does your dog react to seeing the veterinarian *(check all that apply)*:

- Loves it
- Tolerates it
- Hates it
- Nervous
- Needs to be muzzled for the vet
- Has never seen the vet

Has your dog ever been hit by a car or required surgery?  
- Yes  
- No  

If yes, please explain:

Has your dog ever been diagnosed or treated for any of the following by a veterinarian *(check all that apply)*:

- Heartworm disease
- Parvovirus
- Heart murmur
- Epilepsy or seizures
- Allergies
- Thyroid disease
- Arthritis or hip dysplasia
- Diabetes
- Separation Anxiety
- Chronic ear/eye infections
- Tumors
- Cancer
- Broken bone(s)
- Mange or other skin problems
- None, my dog has always been healthy
- Other illness / condition:

Does your dog require any medication on a regular basis? ________________________________

What brand of food does your dog eat?

How often does your dog eat?  
- Once a day
- Twice a day
- Always available
- Other:

Does your dog eat:  
- Wet food only
- Dry food only
- Combination

Does your dog receive “treats” on a regular basis?  
- Yes  
- No

Is your dog fed scraps from the table or “people food?”  
- Yes  
- No

Does your dog have allergies or sensitivities to any grains or common food ingredients?  
- Yes  
- No

If yes, what happens to your dog?
Has your dog ever been professionally groomed or bathed?  □ Yes  □ No

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<th>□ Yes</th>
<th>□ No</th>
<th>□ Never tried</th>
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<tr>
<td>Do your dog allow you to bath him/her?</td>
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<td>Do your dog allow you to brush him/her?</td>
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<td>Do your dog allow you to clip his/her nails?</td>
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Are there any places on your dog’s body that s/he does not like being touched, brushed or petted?  □ Yes  □ No

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<th>□ Yes</th>
<th>□ No</th>
<th>□ Never tried</th>
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<tr>
<td>If yes, please explain?</td>
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Has your dog ever been kenneled/boarded at a:  □ Private Boarding Kennel □ Veterinarian □ Animal Shelter □ Never been boarded

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<tbody>
<tr>
<td>If yes, how did your dog react to being kenneled / boarded?</td>
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</table>

**OTHER**

What makes your dog the happiest?

What upsets your dog the most?

What else should we know about your dog so we may find it the *best* home?

Thank you for taking the time to fill out this application; this information is key to helping us help you and your pet. Please send this completed form to:

**HSSV Intake Department**
e-mail (preferred): intake@hssv.org
Fax: (408)262-2131
Mail: 901 Ames Ave. Milpitas, CA 95035

Questions? Please contact (408)262-2133 x110