

# 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

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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     Friendly/playful     Nervous / frightened     Unpredictable  
 Ignores or indifferent     Roughhouses     Too rough for children     Snappy at times  
 Watches over children     Too active     Actively avoids children     Never been around 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     Frightened     Friendly/playful     Aggressive with all dogs  
 Ignores or indifferent     Bossy     Adores other dogs     Aggressive with same sex dogs  
 Good with some dogs     Roughhouses     Gentle / submissive     Aggressive when on leash  
 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     Respectful     Friendly/playful     Chases to harm  
 Ignores or indifferent     Frightened     Gentle / submissive     Chases to catch  
 Aggressive     Roughhouses     Chases for fun     Has killed a cat  
 Other (*please explain*): \_\_\_\_\_

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

If no, please explain: \_\_\_\_\_

## HOME ENVIRONMENT & MANNERS

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

- Free run of home     Crated     Confined to one room in home  
 In garage     In fenced yard     Tied outside on chain or runner  
 Other (*please explain*): \_\_\_\_\_

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

- Loose in the home     Confined to one room     On couch or chair  
 In crate     In adult's room     In child's room  
 In garage     On the person's bed     On the dog's bed  
 Outside in kennel enclosure     Outside (not in a kennel enclosure)  
 Other (*please explain*): \_\_\_\_\_

How many hours of a **typical** day is your dog kept outside (*check one*):

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

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

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

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                       Yes, but occasionally urinates inside                       Yes, but occasionally defecates inside  
 No, regularly eliminates inside                       Used to be housetrained, not now                       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 not kept on a schedule                       When dog is kept inside too long  
 When dog is overexcited                       When dog greets people                       Only urinates submissively  
 When dog is sleeping                       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/eats 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

## **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*):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Basic obedience commands    | <input type="checkbox"/> Come when called        | <input type="checkbox"/> Play fetch                        |
| <input type="checkbox"/> Walk on a loose leash       | <input type="checkbox"/> Greet visitors politely | <input type="checkbox"/> Wait for food                     |
| <input type="checkbox"/> Shake or similar cute trick | <input type="checkbox"/> Take treats gently      | <input type="checkbox"/> Get on & off furniture when asked |
| <input type="checkbox"/> Ride nicely in car          | <input type="checkbox"/> Other:                  |  |
- 

What words does your dog understand?

- |                                   |                                  |                               |                               |                               |  |
|-----------------------------------|----------------------------------|-------------------------------|-------------------------------|-------------------------------|--|
| <input type="checkbox"/> Sit      | <input type="checkbox"/> Stay    | <input type="checkbox"/> Down | <input type="checkbox"/> Heel | <input type="checkbox"/> Come | <input type="checkbox"/> Drop                  |
| <input type="checkbox"/> Leave it | <input type="checkbox"/> Take it | <input type="checkbox"/> Drop | <input type="checkbox"/> Wait | <input type="checkbox"/> Off  | <input type="checkbox"/> Doesn't know commands |
| <input type="checkbox"/> Other:   |                                  |                               |                               |                               |  |
- 

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*)?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Accompanies owner running / jogging | <input type="checkbox"/> Dog walker      | <input type="checkbox"/> Fetch                                  |
| <input type="checkbox"/> Accompanies owner walking / hiking  | <input type="checkbox"/> Dog park        | <input type="checkbox"/> Not enough exercise for my dog's needs |
| <input type="checkbox"/> Plays with adults                   | <input type="checkbox"/> Plays with kids | <input type="checkbox"/> No exercise at all                     |
| <input type="checkbox"/> Plays with other dogs               | <input type="checkbox"/> Doggie daycare  | <input type="checkbox"/> Other:                                 |
- 

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

- |  |  |                                 |
|--|--|---------------------------------|
| <input type="checkbox"/> Tennis balls / rubber balls | <input type="checkbox"/> Rope toys       | <input type="checkbox"/> Shoes  |
| <input type="checkbox"/> Plush / stuffed toys        | <input type="checkbox"/> Frisbee         | <input type="checkbox"/> Sticks |
| <input type="checkbox"/> Squeaky toys                | <input type="checkbox"/> Children's toys | <input type="checkbox"/> Other: |
- 

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Plays gently       | <input type="checkbox"/> Enjoys tug of war                | <input type="checkbox"/> Enjoys wrestling                    |
| <input type="checkbox"/> Prefers to fetch   | <input type="checkbox"/> Plays rough, but stops when told | <input type="checkbox"/> Plays rough, doesn't stop when told |
| <input type="checkbox"/> Prefers to chase   | <input type="checkbox"/> Tends to herd and/or nip         | <input type="checkbox"/> Jumps and uses mouth in play        |
| <input type="checkbox"/> Plays respectfully | <input type="checkbox"/> Plays very physically            | <input type="checkbox"/> No interest in playing with people  |
| <input type="checkbox"/> Other:             |   |  |
- 

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

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

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

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Calm              | <input type="checkbox"/> Nervous     | <input type="checkbox"/> Gets car sick      |
| <input type="checkbox"/> Protective of car | <input type="checkbox"/> Destructive | <input type="checkbox"/> Never rides in car |

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

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

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Men                              | <input type="checkbox"/> Women                 | <input type="checkbox"/> Babies or Toddlers      |
| <input type="checkbox"/> Teenagers                        | <input type="checkbox"/> School-aged children  | <input type="checkbox"/> Unpredictable Children  |
| <input type="checkbox"/> Strangers / visitors             | <input type="checkbox"/> People in uniform     | <input type="checkbox"/> Veterinarian or groomer |
| <input type="checkbox"/> Erratic or sudden movement       | <input type="checkbox"/> Loud voices / yelling | <input type="checkbox"/> Loud noises             |
| <input type="checkbox"/> Thunder / lightening             | <input type="checkbox"/> Fireworks             | <input type="checkbox"/> Cars                    |
| <input type="checkbox"/> Vacuum                           | <input type="checkbox"/> Broom                 | <input type="checkbox"/> Bicycles / skateboards  |
| <input type="checkbox"/> Other ( <i>please explain</i> ): |  |  |
-

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

- |                                      |                                 |                                  |                                  |                                 |
|--------------------------------------|---------------------------------|----------------------------------|----------------------------------|---------------------------------|
| Adult family members                 | <input type="checkbox"/> Barked | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten |
| Children family members              | <input type="checkbox"/> Barked | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten |
| Strangers at door                    | <input type="checkbox"/> Barked | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten |
| Visiting adults                      | <input type="checkbox"/> Barked | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten |
| Visiting children                    | <input type="checkbox"/> Barked | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten |
| Vet or groomer                       | <input type="checkbox"/> Barked | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten |
| People near his/her sleeping area    | <input type="checkbox"/> Barked | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten |
| People near his / her food or treats | <input type="checkbox"/> Barked | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten |
| Pedestrians                          | <input type="checkbox"/> Barked | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten |
| People in uniform                    | <input type="checkbox"/> Barked | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten |
| Wildlife                             | <input type="checkbox"/> Barked | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten |
| Friends or neighbors pets            | <input type="checkbox"/> Barked | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten |

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Ignores         | <input type="checkbox"/> Tries to play with               | <input type="checkbox"/> Stalks                   |
| <input type="checkbox"/> Barks or Growls | <input type="checkbox"/> Watches intently and/or silently | <input type="checkbox"/> Kills                    |
| <input type="checkbox"/> Is afraid of    | <input type="checkbox"/> Chases                           | <input type="checkbox"/> 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: \_\_\_\_\_

## 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):

- |                                   |  |   |
|-----------------------------------|--|---|
| <input type="checkbox"/> Loves it | <input type="checkbox"/> Tolerates it                    | <input type="checkbox"/> Hates it               |
| <input type="checkbox"/> Nervous  | <input type="checkbox"/> Needs to be muzzled for the vet | <input type="checkbox"/> 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):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Heartworm disease          | <input type="checkbox"/> Parvovirus                   | <input type="checkbox"/> Heart murmur                         |
| <input type="checkbox"/> Epilepsy or seizures       | <input type="checkbox"/> Allergies                    | <input type="checkbox"/> Thyroid disease                      |
| <input type="checkbox"/> Arthritis or hip dysplasia | <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> Separation Anxiety                   |
| <input type="checkbox"/> Chronic ear/eye infections | <input type="checkbox"/> Tumors                       | <input type="checkbox"/> Cancer                               |
| <input type="checkbox"/> Broken bone(s)             | <input type="checkbox"/> Mange or other skin problems | <input type="checkbox"/> 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

If yes, how did your dog behave?

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Does your dog allow you to bath him/her?

Yes  No  Never tried

Does your dog allow you to brush him/her?

Yes  No  Never tried

Does your dog allow you to clip his/her nails?

Yes  No  Never tried

Are there any places on your dog's body that s/he does not like being touched, brushed or petted?

Yes  No

If yes, please explain?

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Has your dog ever been kenneled/boarded at a:

Private Boarding Kennel

Veterinarian

Animal Shelter

Never been boarded

If yes, how did your dog react to being kenneled / boarded?

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## **OTHER**

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What makes your dog the happiest?

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What upsets your dog the most?

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

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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](mailto:intake@hssv.org)

Fax: (408)262-2131

Mail: 901 Ames Ave. Milpitas, CA 95035

Questions? Please contact (408)262-2133 x110