

Dog's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Intake Date: \_\_\_\_\_

**Adoption Return**

**Public Guardian Surrender**

Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Dog's Name: \_\_\_\_\_ How long have you had the dog? \_\_\_\_  
Age \_\_\_\_\_  Male  Female  Neutered / Spayed  
Breed: \_\_\_\_\_

**Why are you giving up your dog?**

- Moving  Not Housetrained  Too Much Energy
- Allergies  New Baby  No Time

Not getting along with other pets (explain): \_\_\_\_\_

\_\_\_\_\_

Not getting along with family members (explain): \_\_\_\_\_

\_\_\_\_\_

Behavior Issues: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

**How did you obtain this dog?**

- PAWS Atlanta Adoption  Other Shelter/ Rescue: \_\_\_\_\_
- Newspaper/Internet  Friend  Breeder  Found Stray  Gift

**How was your dog raised?**

- With Children  Inside only  Outside only  Single Pet
- Both Indoor and Outdoor  With other pet(s): \_\_\_\_\_

**Where is the dog kept at the home?**

- When you are home?  Inside for \_\_ hrs  Outside for \_\_ hrs  Goes in & out
- When you are away?  Inside for \_\_ hrs  Outside for \_\_ hrs  Goes in & out

**When the dog is inside he/she is:**

- Roaming Freely  Kept in a room  In a crate
- Other: \_\_\_\_\_

**When outside, how is dog confined?**

- Fenced yard  Fenced Dog Run (size)  Electric Fence
- Garage  Tethered by chain or cable  No confinement

**When alone, how does it behave?**

- Rests  Plays  Paces  Chews
- Whines  Howls  Digs  Tries to Escape
- Barks  Other: \_\_\_\_\_

**When alone, has the arrangement above been successful?**  Yes  No

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

\_\_\_\_\_

**Where does the dog sleep?**

- Inside Where? \_\_\_\_\_ With Whom? \_\_\_\_\_
- Outside Where? \_\_\_\_\_ With Whom? \_\_\_\_\_

**Housetraining Information**

- Is this dog housetrained?  Yes  No
- Does this dog have accidents?  Yes  No  Urine  Feces  Both

**When does this dog have accidents?**

- Frequent accidents, even when people are home
- Only has accidents when left alone over \_\_\_\_\_ (length of time)
- Only has occasional accidents. Explain: \_\_\_\_\_

**Where does your dog go to the bathroom?**

- Yard  Walks  Newspaper/Potty Pads  Litterbox  Other: \_\_\_\_\_

Is your dog crate trained?  Yes  No

When is the dog in its crate? \_\_\_\_\_

What is the maximum amount of time the dog stay in the crate? \_\_\_\_\_

What type of crate?  Wire  Plastic

Does the dog have accidents in the crate?  Yes  No

Other: \_\_\_\_\_

**Feeding Information**

**What type of food does this dog eat?**

- Dry Kibble Only Brand: \_\_\_\_\_
- Canned Food Only Brand: \_\_\_\_\_
- Dry & Canned
- Special Diet: \_\_\_\_\_

**How often/how much does this dog eat?**

- Once Daily Amount: \_\_\_\_\_
- Twice Daily Amount: \_\_\_\_\_
- Feed Freely Amount: \_\_\_\_\_

Does this dog have any favorite treats? \_\_\_\_\_

Dog's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Intake Date: \_\_\_\_\_

**Training Information (please check all that apply)**

**Which behaviors is this dog familiar with?**

- Sit       Down       Stay       Come       Heel       Shake
- Other: \_\_\_\_\_
- \_\_\_\_\_

**Leash walking behaviors:**

- Pulls on leash       Walks politely on leash       No exposure to a leash

**What training equipment is this dog used to?**

- Harness       Gentle Leader
- Choke Chain       Pin/Prong Collar
- Other: \_\_\_\_\_

**Has this dog had obedience training?**       Yes       No

What type of training? \_\_\_\_\_

\_\_\_\_\_

**How do you discipline the dog?**

- Verbal correction       Physical correction      Other: \_\_\_\_\_
- How does the dog respond to this discipline? \_\_\_\_\_
- \_\_\_\_\_

**Exercise Information**

**Does this dog get exercise/play time with you?**       Yes       No

How Often? \_\_\_\_\_

Daily       Few times per week       Once a week       One a month       Never

How long do you exercise? \_\_\_\_\_

**Where does your dog get its exercise?**

- Yard       On a walk       Park
- Other: \_\_\_\_\_

**Does your dog play with other dogs?**

- Yes       No       Resident Dog       Dog Park

**Behavior Information (select all that apply)**

**Does your dog have any behavior issues that a new adopter should be aware of?**

- Barking       Nipping       Needy
- Destructive Behavior       Jumping on People       Aggressive towards strangers
- Aggressive towards other dogs
- Aggressive towards other animals: \_\_\_\_\_
- \_\_\_\_\_

**Is your dog scared of?**

- Men       Women       Children       Strangers

- Vet       Groomer       The Car       Loud Noises
- Thunder       Fireworks       Bathing       Brushing
- Nail Clipping       Other animals: \_\_\_\_\_
- Other: \_\_\_\_\_

**When walking on leash, does your dog bark at?**

- Dogs       Cats       Jogger       Motorcycle
- Skateboard       People       Other: \_\_\_\_\_

**Does your dog bite or growl when you touch his food, treats, or toys?**

- Yes       No
- If yes, explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**How would you characterize this dog overall? (select all that apply)**

- Calm       Excitable       Hyper       Cuddly
- Confident       Friendly       Outgoing       Stubborn
- Smart       Shy       Fearful       Nervous
- Dependent       Independent       Happy       Clingy
- Protective

**Training Information (please check all that apply)**

**Please add any additional information that you feel would be helpful for us, or a new owner. This will help us make the best possible match with a new home.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby relinquish all ownership rights to the animal described above to the custody of PAWS Atlanta for disposition at their discretion. I certify this animal has not bitten anyone during the past 10 days to the best of my knowledge. I also verify that the information provided by me on this document to be accurate and truthful to the best of my knowledge.

Signature

Date