

Scottsville Veterinary Adoptions

Dog Release Form

I _____ agree to relinquish custody and ownership of my dog to Scottsville Veterinary Adoptions, for placement into the pet adoption program. I understand that Scottsville Veterinary Adoptions is a “no kill” shelter, but if this dog deteriorates physically, or is deemed “un-adoptable” due to aggressive behavior, this animal may require euthanasia, at the full discretion of adoption or veterinary staff.

Please Print _____

Name _____ Date _____

Address _____ Home # _____ Cell phone # _____

_____ Zip Code _____

Thank you for answering these questions honestly. Everything you tell us about your dog is important to aid us in making decisions about his/her future.

Dog's Name _____

Breed/breed mix _____ Age _____

Food the dog has been fed _____ How much/often is he/she fed? _____

Sex (Circle one): Male Female Is your dog spayed or neutered? _____ When? _____

Where did you acquire your dog? _____

How old was he/she when you acquired him/her? _____

How long has this dog lived with you? _____

Has this dog been to a veterinarian? Which? _____

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

Behavioral problems Time commitment Family Issues Health Issues (yours or dogs) Other (Please explain)

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

Circle all that apply to describe your dog's personality:

Friendly shy independent fearful playful affectionate aloof aggressive overly reactive

What is your dog afraid of? _____

Where is your dog sensitive about being handled? (example: ears, feet, etc.) _____

Where does your dog spend most of the time? (Circle one): Inside Outside Inside/Outside

Do you have a fenced-in yard? _____ If not, do you have a tie-out or runner for your dog? _____ Electric fence? _____

How long is your dog left in your yard each day? _____

Do you take your dog for leash walks? _____ How often? _____ How does he/she walk on the leash? _____

How long each day is your dog left alone inside your home? _____ Is he/she free or confined _____

If your dog is confined – where/how? _____

Is your dog crate trained? Yes No Do you still use the crate? _____

Does your dog have accidents in the house? Yes No If yes, how often? Daily Weekly Once in a while

Urinate only Defecate only Both

Does your dog destroy things in the house or yard? Yes No What items? _____ How often? _____

Does your dog (Circle all that apply): run away bark too much jump up on people dig in the yard
other _____

What does your dog do when:

a stranger/visitor comes into the house? _____

a stranger approaches you on a walk? _____

you or someone else goes near the food bowl when he/she is eating? _____

you or someone else tries to take away toys, rawhide, or anything else of value? _____

you or someone else tells him/her to get off the sofa or bed? _____

you or someone else gives him/her a hug? _____

you or someone else reprimands him/her? _____

Has your dog ever lived with children? Yes No If so, what ages? _____

Is your dog good with those children or other children (friendly, tolerant)? Yes No If no, please explain

What does your dog do if: a child tries to hug or pet him/her? _____

Has your dog ever snarled, growled, snapped or nipped at you or anyone else? No Yes If yes, please explain the situation

Has your dog ever bitten (broken skin) you or anyone else? No Yes If yes, please explain the situation _____

Did he/she do well with cat/s? _____ Any issues? _____

Did he/she get along with the other dog/s? _____ Any issues? _____

How does your dog react when he/she sees an outdoor cat? _____

How does your dog react when he/she sees another dog outside? _____

Is his/her behavior different when on leash compared to when off leash when seeing another dog? _____

Has your dog ever fought with another dog? Yes No

Have you ever taken your dog to a training class? Yes No OR have you trained him/her yourself? Yes No

What kind of training have you tried? (Circle all that apply) choke chain electric shock treats praise clicker

What behaviors does he/she know? (Circle all that apply) Sit Down Stay Come Shake Roll over

Other _____

What is your dog's favorite game or toy? _____

What is your dog's best quality? _____

What is your dog's worst quality? _____

Signature _____

Thank you