

241 Steedly Drive  
Louisville, KY 40214  
502-366-3355 x. 2201  
www.kyhumane.org

Before surrendering your pet, allow one of our trained volunteers or staff to help! Please contact our FREE Pet Help Line first. You can get FREE behavior help, information on pet friendly housing, food banks, lower cost vet services and clinics, referrals and much more!

Call (502) 509-4PET (4738) • Go to [www.kyhumane.org/help](http://www.kyhumane.org/help)

Thank you for contacting the Kentucky Humane Society about surrendering your pet. Attached is our owner surrender form. Please complete this form and return to us.

Once we have reviewed the completed form, a Pet Help Line staff member will contact you regarding a surrender appointment.

As a private, nonprofit agency, KHS has made a commitment to save every healthy, behaviorally sound pet who comes through our doors and to never euthanize a pet because of lack of space. Because of this commitment, there may times when we are unable to accept every pet due to space limitations. When this occurs, we will schedule an appointment for the next available opening or do our best to help owners find alternative solutions.

There are some circumstances where animals cannot be placed up for adoption. These include:

- When animals show signs of aggression or severe behavior issues that cannot be treated through our Behavior Modification Program and/or are a danger to humans or other pets. Please be aware that an animal that is friendly in your home may react differently towards strangers in the stressful shelter environment.
- When a veterinarian, after examination, determines the animal is too ill to be adopted.

In cases when pets are deemed unadoptable, the owner or finder can choose to be notified and can pick up the pet within 24 hours.

Surrendering your pet to a sheltering agency should be considered a last resort. Please consider all available alternatives. This may include rehoming your animal, behavior training or support for medical care. Our Pet Help Line staff would be happy to discuss alternatives that might keep your pet in the home. They can be reached at 502-509-4738 or [helpline@kyhumane.org](mailto:helpline@kyhumane.org).

Owner Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

# Dog Owner Questionnaire

No one knows and loves your dog the way you do! In order to find the most appropriate home for your dog, please provide as much detail as possible about history, past veterinary care, likes, dislikes, and quirks of your canine friend.

Has your dog bitten anyone or any animal in the last ten (10) days? \_\_\_\_\_

Has your dog ever bitten anyone or another animal and drawn blood? \_\_\_\_\_

## General Information

Shelter Arrival Date: \_\_\_\_\_ Dog's age or approximate age: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Dog's Breed \_\_\_\_\_

Dog's Sex  Male  Female  Unsure Is dog spayed/neutered?  Yes  No  Unsure

Is dog Microchipped?  Yes  No  Unsure

## History

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

If surrender reason is behavioral, please explain: \_\_\_\_\_

If we could help you resolve this issue would you be interested in keeping the dog? \_\_\_\_\_

Have you tried to find a home for this dog on your own?  Yes  No

If so, how did you go about this? \_\_\_\_\_

How long have you owned your dog? \_\_\_\_\_

Including yours, how many homes has this dog had? \_\_\_\_\_

Have you contacted any breed-specific rescue groups for help in re-homing your dog?  Yes  No

Where did you acquire this dog?

From KHS  Another shelter  Breeder  Found as a stray  Newspaper Ad

Friend/Relative  Pet Store  Born in my home

Other (please explain) \_\_\_\_\_

## Lifestyle and Home Life

Has your dog ever bitten/injured another animal?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Male dogs  Female dogs  Small animals (what kind?) \_\_\_\_\_

Male cats  Female cats  Farm animals (what kind?) \_\_\_\_\_

Other \_\_\_\_\_

# Dog Owner Questionnaire

How does your dog behave around other dogs? \_\_\_\_\_

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

If no, please explain? \_\_\_\_\_

Describe the dog's behavior around cats: \_\_\_\_\_

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

If no, please explain? \_\_\_\_\_

Where was the dog when no human members of the family were at home?

- Free run of the house       Crated       In fenced yard  
 In garage or basement       Confined to kitchen/bathroom  
 Outside on a chain or runner       Electric fence  
 Other (please explain): \_\_\_\_\_

Did you crate train your dog?  Yes  No

If yes, does he enjoy spending time in his crate? \_\_\_\_\_

Is the dog destructive if left alone inside the home?  Yes  No (If yes, check all that apply)

- Chews woodwork/ walls       Chews furniture       Chews plants  
 Chews clothing/shoes       Chews on windows/doors       Chews toys/stuffed animals  
 Other (please explain) \_\_\_\_\_

How many hours a day was the dog kept outside?

- Lived Indoors/Potty breaks only       1-2 hours       3-4 hours  
 5 hours or more       Lived Outdoors       Allowed inside only at night  
 Other \_\_\_\_\_

Explain how your dog was confined to your property when outside:

- Fenced yard       Electric fence       Tied out, chain or runner  
 Kennel or enclosure       Other \_\_\_\_\_

# Dog Owner Questionnaire

## Manners and Training

Has your dog ever been to a training class? If so, what did he learn? \_\_\_\_\_

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How does your dog behave with members of your family? \_\_\_\_\_

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Has your dog ever growled, snapped at, or bitten a member of your family?  Yes  No

If yes, please describe the circumstances \_\_\_\_\_

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How does your dog behave with strangers? \_\_\_\_\_

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If your dog is shy or fearful about strangers, how long does it take to warm up and be friendly to new people

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Has your dog ever growled, snapped at, or bitten a stranger?  Yes  No

If yes, please describe the circumstances. \_\_\_\_\_

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How does your dog respond to people at the door? \_\_\_\_\_

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Can you disturb your dog while he is sleeping? How does he respond? \_\_\_\_\_

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# Dog Owner Questionnaire

Can you disturb your dog while he is eating? How does he respond? \_\_\_\_\_

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Are there places on the dog's body he/she does not like being touched, brushed or petted?  Yes  No

If yes, please explain: \_\_\_\_\_

Is this dog housetrained?  Yes  No  Almost (started training)

If no, please check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Dog urinates inside the home daily | <input type="checkbox"/> Urinates inside home occasionally |
| <input type="checkbox"/> Defecates inside home daily        | <input type="checkbox"/> Defecates in home occasionally    |

Does your dog's housetraining accidents most often occur: (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> When dog is not closely supervised | <input type="checkbox"/> When dog is not kept on a schedule            |
| <input type="checkbox"/> When dog is overexcited            | <input type="checkbox"/> When dog signals to be let out and is ignored |
| <input type="checkbox"/> When dog is sleeping               | <input type="checkbox"/> Other (please explain _____)                  |

Please tell us about the **desirable** tricks and habits 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"/> Ride nicely in car | <input type="checkbox"/> Greet visitors politely |
| <input type="checkbox"/> Shake or similar cute trick         | <input type="checkbox"/> Take treats gently | <input type="checkbox"/> Wait for food           |
| <input type="checkbox"/> Get on and off furniture when asked |   |  |

Other (please explain) \_\_\_\_\_

What words does your dog understand?: (please check all that apply):

- |   |                                |  |                               |                               |                                   |                               |                               |
|---|--------------------------------|--|-------------------------------|-------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Sit                          | <input type="checkbox"/> Stay  | <input type="checkbox"/> Down                      | <input type="checkbox"/> Heel | <input type="checkbox"/> Come | <input type="checkbox"/> Leave it | <input type="checkbox"/> Drop | <input type="checkbox"/> Wait |
| <input type="checkbox"/> Off                          | <input type="checkbox"/> Fetch | <input type="checkbox"/> Doesn't know any commands |                               |                               |                                   |                               |                               |
| <input type="checkbox"/> Other (please explain) _____ |                                |  |                               |                               |                                   |                               |                               |

Describe the dog's behavior in the car:

- |   |   |                                       |  |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Loves it                     | <input type="checkbox"/> Hates it               | <input type="checkbox"/> Tolerates it | <input type="checkbox"/> Nervous           |
| <input type="checkbox"/> Afraid, but OK               | <input type="checkbox"/> Calm                   | <input type="checkbox"/> Car sick     | <input type="checkbox"/> Protective of car |
| <input type="checkbox"/> Destructive                  | <input type="checkbox"/> Dog never rides in car |                                       |  |
| <input type="checkbox"/> Other (please explain) _____ |   |                                       |  |

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Of food (to other pets) | <input type="checkbox"/> Of toys (to other pets)      | <input type="checkbox"/> Of his/her body |
| <input type="checkbox"/> Of food (to people)     | <input type="checkbox"/> Of toys (to people)          | <input type="checkbox"/> Of owner/family |
| <input type="checkbox"/> Of property             | <input type="checkbox"/> Other (please explain) _____ |  |

# Dog Owner Questionnaire

Please check all of the following that frighten this dog:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Babies or toddlers            | <input type="checkbox"/> Men                  | <input type="checkbox"/> Women                      | <input type="checkbox"/> Teenagers           |
| <input type="checkbox"/> School-age children           | <input type="checkbox"/> Strangers/visitors   | <input type="checkbox"/> Water                      | <input type="checkbox"/> People in uniform   |
| <input type="checkbox"/> Unpredictable children        | <input type="checkbox"/> Vacuums              | <input type="checkbox"/> Brooms                     | <input type="checkbox"/> Loud voices/yelling |
| <input type="checkbox"/> Thunder/lightening            | <input type="checkbox"/> Car                  | <input type="checkbox"/> Erratic or sudden movement |  |
| <input type="checkbox"/> Fireworks/loud noises         | <input type="checkbox"/> Veterinarian/groomer |   |  |
| <input type="checkbox"/> Other (please explain): _____ |   |   |  |

Are there any wonderful, special traits or habits that you would like his/her new family to know about?

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## Health and Grooming

Did the dog see a veterinarian on a regular basis (at least once a year)?  Yes  No

How did the dog react to going to the vet? \_\_\_\_\_

Does the dog need to be muzzled at the vet?  Yes  No

Is your dog on heartworm preventative?  Yes  No

Has this 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"/> Lyme disease                   | <input type="checkbox"/> Heart murmur    | <input type="checkbox"/> Tumors             |
| <input type="checkbox"/> Epilepsy or seizures                            | <input type="checkbox"/> Skin allergies                 | <input type="checkbox"/> Thyroid disease | <input type="checkbox"/> Arthritis          |
| <input type="checkbox"/> Environmental allergies                         | <input type="checkbox"/> Irritable bowel                | <input type="checkbox"/> Hip Dysplasia   | <input type="checkbox"/> Separation anxiety |
| <input type="checkbox"/> Chronic ear/eye infection                       | <input type="checkbox"/> Lupus                          | <input type="checkbox"/> Cancer          | <input type="checkbox"/> Cataracts          |
| <input type="checkbox"/> Entropion/ectropion eye                         | <input type="checkbox"/> Surgery (please explain) _____ |  |   |
| <input type="checkbox"/> Other illness/condition? (please explain) _____ |   |  |   |

Does your dog require any medication on a regular basis? \_\_\_\_\_

Does your dog require any medication on a regular basis? \_\_\_\_\_

## Diet and Exercise

What brand of food did you feed? \_\_\_\_\_

How often did you feed? \_\_\_\_\_ How Much? \_\_\_\_\_

Did you use:  Dry  Wet  Combination of both

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

If so, which grains or ingredients? \_\_\_\_\_

# Dog Owner Questionnaire

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

- |   |                                    |  |  |
|---|------------------------------------|--|--|
| <input type="checkbox"/> Shows no interest in toys    | <input type="checkbox"/> Frisbee   | <input type="checkbox"/> Squeaky toys    | <input type="checkbox"/> Plastic bottles |
| <input type="checkbox"/> Tennis ball/rubber ball      | <input type="checkbox"/> Rope toys | <input type="checkbox"/> Shoes           | <input type="checkbox"/> Rocks           |
| <input type="checkbox"/> Plush/stuffed toys           | <input type="checkbox"/> Sticks    | <input type="checkbox"/> Children's toys |  |
| <input type="checkbox"/> Other (please explain) _____ |                                    |  |  |

How much exercise does your dog need? Are there any particular activities that he enjoys?

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Describe your dog's play style with people. (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Plays gently                                 | <input type="checkbox"/> Plays roughly but stops when told |
| <input type="checkbox"/> Jumps and uses mouth in play                 | <input type="checkbox"/> Plays very physically             |
| <input type="checkbox"/> Games quickly escalates out of control       | <input type="checkbox"/> Prefers to chase                  |
| <input type="checkbox"/> Prefers fetch                                | <input type="checkbox"/> Just likes to hang out            |
| <input type="checkbox"/> No interest in playing with people           | <input type="checkbox"/> Tends to herd                     |
| <input type="checkbox"/> Respectful— understands that I am in control |  |
| <input type="checkbox"/> Other (please explain) _____                 |  |

## Experiences with Children

Did your dog live with children in your home?  Yes  No

If so, what ages? \_\_\_\_\_

Of so, how did your dog behave around children? \_\_\_\_\_

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Would you recommend this dog live with children?  Yes  No

Describe why or why not? \_\_\_\_\_

# Dog Owner Questionnaire

Are there any additional comments you would like to add about the dog that would be helpful to families considering adopting him or her?

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