



SANTA YNEZ VALLEY
HUMANE SOCIETY

DAWG Dog Adoption
& Welfare Group

111 Commerce Drive/ PO BOX 335
Buellton, CA 93427
(805) 688-8224 / Fax: (805) 693-9804

Dog Owner Relinquishment Questionnaire/ Medical History Consent Form

To provide the best care for your pet, it is necessary to have your pet's behavioral and medical histories available for review. Please complete the following information so we may get to know your pet better and obtain their records from your veterinarian.

Dog's Name:	Age	Breed/ Mix	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Household Type		What is the reason for relinquishing your dog?	
<input type="checkbox"/> Single Dog House <input type="checkbox"/> Multi-Dog House			

QUESTIONNAIRE

- Is your dog spayed/neutered? YES NO If YES, when? _____
- Are you the first owner? YES NO If NO, how many owners has the dog had? _____
- Do you have other pets? YES NO If YES, indicate type/breed(s): _____

- Where did you obtain your dog? _____ How long ago? _____
- Does your dog have food allergies? _____

- How does your dog behave around your family? Indicate ages and numbers of adults and children in household.

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 - Around strangers? _____
 - Around children? _____
 - Around other animals? _____
- Where does your dog live? INSIDE OUTSIDE BOTH: _____ % INSIDE _____ % OUTSIDE
- Is your dog crate trained? YES NO
- Is your dog house trained? YES NO



10. Has your dog had obedience training? PUPPY CLASS BASIC CLASS 1-ON-1 PROFESSIONAL TRAINING

11. Does your dog go to the dogpark? YES NO If YES, how often per week/month? _____

12. Can your dog walk on a leash? YES NO

13. How often does your dog go on walks per day/week? _____

14. Has your dog ever seriously bitten or scratched anyone? YES NO If YES, how many times? _____

15. What are some of your dog's favorite games, toys, or activities?

16. Is your dog relaxed when left alone? YES NO

17. What else should we know about your dog?

18. Who is your dog's current veterinarian? Provide veterinarian name and hospital name? _____

19. Does your dog have any current or past health issues? If so, please explain: _____

HOUSE TRAINING

If you are experiencing problems with HOUSE TRAINING, answer the following questions:

1. Does your dog urinate, defecate, or both inside your home? YES NO If YES, how often? _____

2. How long does your dog stay alone in the house during the day? _____

3. For how long during the day is the dog confined? _____

4. Has your dog been checked by a veterinarian to rule out any medical problems? YES NO

5. What methods have you already tried to resolve house-soiling issue? _____



BARKING

If you are experiencing problems with BARKING, please answer the following questions:

1. Does your dog bark while on walks? YES NO If YES, explain below:

2. Does your dog bark at visitors? YES NO If YES, explain below:

3. Does your dog bark when you are home or only when you are gone? _____

4. What have you done to address the barking?

DESTRUCTIVENESS

If you are experiencing problems with DESTRUCTIVENESS, please answer the following questions:

1. What items does your dog destroy? _____

2. Is your dog's destructiveness due to chewing, clawing, or something else? _____

3. Is your dog destructive when you are home, away from home, or both? _____

4. What toys or companions does your dog have to play with when you are not home? _____

5. Does your dog inflict injury on himself by: CHEWING LICKING TAIL-CHASING OTHER: Explain below



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ESCAPING

If you are experiencing problems with ESCAPING, please answer the following questions:

1. Does your dog escape through open doors/gates or from an enclosed yard/house? _____

2. How does your dog escape? (i.e. digs under fence, jumps over fence, breaks through fences, etc...) _____

3. Describe the fencing material that surrounds your yard? (type and height): _____

I GIVE PERMISSION TO THE SANTA YNEZ VALLEY HUMANE SOCIETY TO CONTACT MY VETERNARIAN AND OBTAIN MY PET'S MEDICAL HISTORY. ALSO, BY SIGNING THIS QUESTIONAIRE, ALL OF THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

PRINT NAME

DATE

FOR OFFICE USE ONLY:

Staff Member: