



Dog Surrender / Return Application

Today's Date: _____

Dog's Name: _____

- Completion of this form is not a guarantee that the SPCA of Westchester will accept your dog.
- Email your completed application to Eileen@spcawestchester.org

Please take as much time as you need to fill out this form as accurately and honestly as possible. We understand this can be a difficult time for you and your family, but this information will help us match your dog with his/her new family. Your attention to detail and accurate completion of this form is both required and appreciated.

Guardian Name:
Address:
Phone Number:
Email:

Age:	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="checkbox"/> Spayed or Neutered
Breed looks most like:	Where did you obtain this dog:	How long have you had this dog:

Why are you surrendering this dog?

- Moving Allergies Not housetrained New baby
 No time Too much Energy Not getting along with other pets (Explain):

- Not Getting along with family members (Explain):

- Behavioral Issues:

- Other: _____

Please tell us the names and ages of the people the dog has lived with:

Would you recommend placing the dog in a home with children under 8 years of age?

- Yes No Not Sure

If No, please explain why:

If the dog lived with children how did they interact?

(Check all that apply)

- Dog avoided children Dog growled at children Child could not pet dog
 Played together Gentle / Affectionate Jumped on / knocked over
 Unknown Other: _____

What other animals has your pet lived with? _____

What has been the dog's experience with other dogs in your home or outside your home?

(Check all that Apply)

- Growls / snaps at Frightened of Friendly / playful Shy Curious
 Lunges on leash Barks at on leash Ignores Never around dogs
 Other: _____

Would you recommend placing this dog in a home with other dogs?

- Yes _____ No _____ Not Sure _____ If no, please explain below:

What has been the dog's experience with Cats in your home or outside your home?

(Check all that Apply)

- Growls / snaps at Frightened of Friendly / playful Shy Curious
 Chases Barks or lunges at on leash Ignores Never around cats
 Other: _____

Would you recommend placing this dog in a home with cats?

- Yes _____ No _____ Not Sure _____ If no, please explain below:

Where is the dog when you are NOT at home?

(Check all that Apply)

- Always outside Sometimes outside Crate/kennel Roaming freely
 In garage Confined to a room (what room) Kept chained outside
 In basement
 Other: _____

Where is the dog when you are at home?

(Check all that Apply)

- Always outside Sometimes outside Crate/kennel Roaming freely
 In garage Confined to a room (what room) Kept chained outside In basement
 Other: _____

How long is the dog left alone during the day?

- More than 10 hours 8-10 hours 5-8 hours 0-4 hours
 Never left alone Other: _____

Is your dog crate trained?

Yes _____ No _____ Type of crate: Wire _____ Plastic _____

Where does your dog sleep?

- Inside / Where _____ Outside / Where? _____

Is the dog housetrained: Yes _____ No _____

How do you confine your dog inside the yard area?

(Check all that Apply)

- None – dog runs free Partial fence
 Complete fence: Type _____ / Height _____
 Kept chained outside to dog house (length of chain – 6ft _____ / 5 ft _____ / 4 ft _____)
 Other: _____

Has your dog ever escaped the yard? If so, how? (check all that apply)

- Climbs the fence Runs away when off leash Does not escape or run away
 Opens latch Runs but comes when called Jumps over
 Digs under or chews through fence
 Other: _____

Exercise information:

How often does your dog get exercise with you?

- Daily Few times per week Once a week Never

How long does your dog exercise?

- 15 minutes ½ hour 1 hour
 Other _____

Where does your dog get exercise?

- Yard Leashed walks Dog park Off leash play
 Other _____

Training Information:

Which behaviors is your dog familiar with?

- Sit Down Stay Come Heel Shake

Leash walking behavior:

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

Have you used a trainer with your dog?

Yes _____ No _____

If yes, please provide name of trainer

Behavior information:

Does your dog exhibit any of the following behaviors?

- Barking Nipping Clingy / needy Destructive behavior Jumping on people
 Aggressive toward people outside the home Aggressive to visitors inside the home
 Aggressive toward dogs while A. On leash _____ B. Off Leash _____
 Aggressive toward other animals

Please describe your dog's behavior if you noted any aggressive behavior in the above question:

When on leash, does your dog bark at?

- Dogs Cats Joggers Bicycle Motorcycle Skateboard
 People Squirrels Other _____

Does your dog show any fearful behavior toward the following?

- Men Woman Children Strangers Vet
 Loud noises Groomer Riding in the car Nail clipping Bathing
 Brushing Other animals Water Cars / trucks Thunder
 Other _____

What does your dog do that leads you to believe he/she is afraid?

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

- Calm Excitable Hyper Cuddly Confident Friendly Easy going
 Outgoing Stubborn Smart Shy Fearful Nervous
 Dependent Independent Happy Clingy Protective of family / home

When left alone, how does he/she behave? (Check all that apply)

- Rests Plays Paces Chews Whines Howls Digs
 Tries to escape Barks Other _____

Has the dog ever? (Check all that apply)

- Bitten Snapped Growled Snarled

The dog has bitten because of or at (Check all that apply)

- Food Toys Strangers Children Adults Other animals

Other: _____

Veterinary Information:

Name of Veterinarian or Clinic: _____

Date of Last Visit: _____ Current on Vaccination: Yes ____ No ____

In the last 30 days has your dog had:

Coughing Sneezing Vomiting Diarrhea

In the last 30 days has your dog been to a boarding facility or doggy day car:

Yes ____ No ____

Please note, we will need a copy of your vaccination records at time of surrender.

Other Information:

Thank you for taking the time to fill out the profile form. Please add any additional information that you feel would be helpful for us or the new owner. This will help us make the best possible match with a new home.

Signature of Owner

Date

Once you have submitted your application, a member of the SPCA staff will reach out within 72 hours. Eligible pets will be scheduled for an appointment for a behavioral assessment to determine if he or she will be a suitable candidate for living successfully in the shelter environment

If your pet is not eligible for our adoptions program or does not pass the behavioral assessment, a staff member will discuss other options with you.

If your pet passes the behavioral assessment, its vaccination status as well as current Rescue Center space availability will determine how quickly we can intake your animal.

Dogs and cats with up-to-date vaccines (rabies, distemper, and Bordetella -dogs only) are eligible for expedited intake (same day) as space allows.

Pets that are not up to date on vaccinations must be fully vaccinated before we can arrange in intake date. If the cost of vaccinating your pet for intake presents a financial burden, please discuss this prior to your appointment so possible solutions can be discussed.