



SURRENDER QUESTIONNAIRE

Personal Information

Owner's Name		
Address		
City, State, Zip Code		
Email Address		
Home Phone	Cell Phone	Best time to call
Reason for Surrendering Your Dog		

Dog Information

Name of Dog		Age/Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	How long has dog lived with you?	
If dog was purchased from a breeder, have you contacted the breeder to help find a new home? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, what was breeder's response?	
Does the dog have a Microchip?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Microchip Maker and Number			

Medical Information

Name of Veterinarian	
Address:	
City, State, Zip Code	

Phone Number			
Spayed or Neutered? <input type="checkbox"/> No <input type="checkbox"/> Yes	If not spayed, date of last heat cycle.		

Is dog current on shots DHPP & Rabies?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Bring shot record with dog.
Date of last test for Heartworms.		
Describe any health problems your dog is experiencing.		
List any medication the dog is taking.		

Dog Behavior Information

How does your dog relate to other dogs?	
How does your dog relate to cats?	
Describe your dog's experience with children under the age of 6 yrs.	
How does your dog respond when meeting people for the first time?	
When you are away from your home, where does the dog stay?	
Where does the dog sleep at night?	
Describe the house training habits of your dog.	
Does your dog use pads in your home for toileting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your dog's use of a doggie door to go outside?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What commands does your dog know?	
Describe how your dog walks with a leash (distance & frequency).	
What are feeding your dog, amount & frequency?	
Has your dog ever show any food or chew toy aggression.	<input type="checkbox"/> Yes <input type="checkbox"/> No, If yes describe the dog's behavior.

Has the dog ever shown aggression such as growling, snapping or biting?	<input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, describe
If your dog has ever bitten a person, please describe the event.	
Describe the ideal adoptive family for your dog (examples with or without children, other dogs or cats, home atmosphere).	
Please feel free to add any information that you feel may be relevant or helpful in selecting the best adoptive home for your dog.	

The information I have presented in this form truly describes my Maltese dog.

Date		Signature	
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Please complete this form, print it and mail to:
 Edie Gobbi
 30901 Pudding Creek Rd
 Fort Bragg, CA 95437-8169