



Golden Retriever Rescue
Club of Charlotte

OWNER SURRENDER QUESTIONNAIRE

We understand that giving up your pet may be a difficult decision, but we realize that in making this choice, you are thinking about your dog's best interests. We are here to help. Please provide as much information as possible. Above all, please be honest; we understand your dog may not be perfect, but the more we know then the better we are able to find the perfect new home for your dog. Your dog deserves a second chance to find a wonderful home, and by providing us with the most detailed information, you will help GRRCC better accomplish this goal. All questions should be answered - if not applicable or you don't know, enter N/A.

Date:			
Name (Last, First, M.I.):			
Address:			
City:		State & Zip:	
Daytime Phone:		Evening Phone:	
Email Address:			
Best Time to Call:		How Often Do You Check Email:	

By what date must you surrender the dog?

Are you the sole legal owner of the dog? Yes No

If not, do you have the other owner(s)' permission to surrender this dog? Yes No

DOG INFORMATION

Name:		Age:	DOB:
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Intact	
Color:	Size (S/M/L):	Weight:	
Where did you get this dog?			
How long have you had him/her?			
Is it a purebred Golden Retriever? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Do you have AKC papers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the pedigree available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the dog microchipped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, what is the number and brand?	

MEDICAL SUMMARY

Are vaccinations current? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, which vaccinations are current? <input type="checkbox"/> DHPP <input type="checkbox"/> Rabies <input type="checkbox"/> Bordetella			
Is the dog on heartworm preventative?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, what brand of preventative?	
When was last heartworm preventative given?		When was last flea/tick preventative given?	

Has this dog ever had a seizure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, how often does he/she have seizures?	
Does the dog have any ear problems/recurring infections? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Does the dog have any orthopedic problems (Hip dysplasia, arthritis, stiffness)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, what sort of problems?			
Does he/she have any skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, what sort of problems?			
Does the dog have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, what sort of allergies?			
Does he/she have any other medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, what conditions?			

VETERINARIAN INFORMATION

I understand that GRRCC will make every effort to find a loving home for my dog and grant my permission to contact the medical service provider named below and hereby grant permission for the release of all records and information in their possession.

Veterinarian Name:		Telephone Number:	
Address:		Address:	
City:		City:	

BEHAVIOR ASSESSMENT

Is the dog dominant or submissive with people?	<input type="checkbox"/> Dominant <input type="checkbox"/> Submissive <input type="checkbox"/> Unknown
Is the dog confident or shy?	<input type="checkbox"/> Confident <input type="checkbox"/> Shy <input type="checkbox"/> Unknown
Can you take food away?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Can you take toys away?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Can you take bones away?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog dig?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog chew inappropriate items?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog escape from the yard or house?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog run away?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Has the dog jumped/climbed structural fences or run through an underground fence? If yes, what type and height of fence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog jump up on people?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog steal food or items from the counters or tables?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog swim?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog ride well in cars?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is this an inside or outside dog? If both, when is the dog inside and when is it outside?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is the dog housebroken?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is the dog crate trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog get along with other dogs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is the dog dominant or submissive with other dogs?	<input type="checkbox"/> Dominant <input type="checkbox"/> Submissive <input type="checkbox"/> Unknown
Does the dog get along with cats?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog pull on a leash?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

What type of collar do you use?			
Is the dog possessive over the food dish?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Does the dog accept strangers?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Does the dog accept men?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Does the dog accept women?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Does the dog like to chase bikes or cars?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Does the dog get along with children?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Has the dog ever lived with children?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, for how long?		What were the children's ages?	
How did the children treat the dog?			
Is there anywhere the dog does not like to be touched?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, where?			
Is the dog afraid of thunderstorms?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, what does this dog do during a thunderstorm?			
Has the dog ever growled or bit a person?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Has the dog ever growled at or bit another animal such as a dog or cat?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Has the dog ever displayed any other signs of aggression?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, please describe:			
Does the dog like to grab your arm or clothes (mouthy)?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, please explain:			
What does the dog dislike?			
What is the dog afraid of?			
Has the dog been to obedience school?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, which obedience school?			
Does the dog know any commands? Please list:			
How is your dog on a leash? What type of collar do you walk do you use?			
Please describe your training methods:			
HOME ENVIRONMENT			
Has the dog ever lived with other dogs?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Has the dog ever lived with cats?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Is this dog used to being home alone during the day? If yes, on average, how many hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Is the dog crated or barricaded when you are gone?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Does the dog have free run of the house in your absence?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Does the dog have separation anxiety?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, how do you handle it?			
How do you exercise the dog? How often?			
What kind of food is the dog eating now?			
How often is he/she fed?		How much?	At what time(s)?
Is the dog on any vitamins or supplements?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

If yes, please list:

ADDITIONAL COMMENTS

Why are you giving up this dog? (Please be as detailed as possible)

What are the dog's bad points? Please be as honest as possible - we know he/she may not be perfect but the more we know about your dog, the better we are able to select a suitable foster home and then the very best permanent home:

What are the dog's good points? Again, the more we know about the dog, the easier it is to find the perfect home.

Is there anything else that you would like us to know about the dog?

Please note that GRRCC does not buy or pay for dogs. This is a service to help place your golden retriever in a new home. Our services are free; however, a donation to help pay for expenses is appreciated. We ask that you bring copies of all veterinary records and any other necessary paperwork at the time you release the dog into our care. If you are able, including any of the dog's favorite toys or bedding and several days supply of the food the dog has been eating will help ease the transition into his/her foster home. At the time of actual physical surrender of the dog, you will be required to sign an Owner's Agreement legally releasing the dog to GRRCC.