

Dog Owner's Questionnaire

Valley Animal Haven is a managed admissions animal rescue facility and offers pet surrender services as space and resources allow. Our primary role in the community is to save the lives of animals at risk in local municipal shelters, therefore, we ask that you only consider surrendering your pet to our shelter as a last resort. **If this animal was adopted from Valley Animal Haven, please contact the office immediately and complete the questionnaire. Do not attempt to re-home a Valley Animal Haven animal on your own.** Thank you for your consideration!



Reservations for Evaluation and Proof of Current Vaccinations are REQUIRED. Once we receive the completed questionnaire and proof of vaccinations (Rabies, DHPPv, Bordatella, etc.), we will contact you within 72 hours to review the information and discuss your options and next steps. If an animal is accepted into our facility, a Surrender Fee may apply. Please **DO NOT** bring your pet to the shelter without an appointment, as drop-in's will not be accommodated.

I. Contact Information

| | |
|------------|--------------------|
| Your Name: | Primary Phone: |
| E-Mail: | Alternative Phone: |
| Address: | City and Zip Code: |

II. Description of your Dog & Basic History

| | | |
|--|---|---|
| Dog's Name | Age | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Breed and Color | Spayed or Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is your Dog microchipped? <input type="checkbox"/> Yes <input type="checkbox"/> No | Microchip Number | |
| Why do you need to surrender this dog? | | |
| If you have a time limit, when do you need to surrender by? | If we could help you resolve this issue, would you consider keeping your dog? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Relinquishing your pet to an animal shelter should be a last resort, what have you already done to try and find your dog a new home? | | |
| Does your dog tend to bite or snap? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, under what circumstances will the dog bite or snap? | |
| How long have you owned this dog? | Including yours, how many homes has this dog had? | |
| Where did you get your dog from? <input type="checkbox"/> Breeder <input type="checkbox"/> Friend or Relative <input type="checkbox"/> Valley Animal Haven <input type="checkbox"/> Pet Store <input type="checkbox"/> Advertisement <input type="checkbox"/> Another Shelter: Which one? <input type="checkbox"/> Born at Home <input type="checkbox"/> Found as stray _____ <input type="checkbox"/> Other: _____ | | |

III. Family Environment

| | |
|---|--------------------|
| Please describe the human family members that your dog has lived with: <i>(Check all that apply)</i> | |
| <input type="checkbox"/> Adult Men <input type="checkbox"/> Adult Women <input type="checkbox"/> Senior Citizens <input type="checkbox"/> Children (what ages? _____) | |
| Do you have children as visitors on a regular basis? | If Yes, What ages? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Describe your dog's behavior around children: <i>(Check all that apply)</i> | |
| <input type="checkbox"/> Gentle <input type="checkbox"/> Friendly / Playful <input type="checkbox"/> Nervous / Frightened <input type="checkbox"/> Unpredictable | |
| <input type="checkbox"/> Ignores / Indifferent <input type="checkbox"/> Roughness <input type="checkbox"/> Too rough for children <input type="checkbox"/> Snappy at times | |
| <input type="checkbox"/> Watches over them <input type="checkbox"/> Too active <input type="checkbox"/> Actively avoids children <input type="checkbox"/> Never with Children | |
| <input type="checkbox"/> Other: (Please Explain) | |
| Would you recommend placing this dog in a home with children? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, explain) | |
| Please check all the animals that your dog has lived with: <i>(Check all that apply)</i> | |
| <input type="checkbox"/> Male Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Birds <input type="checkbox"/> Small Animals (What Kind? _____) | |
| <input type="checkbox"/> Female Dogs <input type="checkbox"/> Rabbits <input type="checkbox"/> Reptiles <input type="checkbox"/> Farm Animals (What Kind? _____) | |
| <input type="checkbox"/> Other: (Please Explain) | |
| Describe your dog's behavior around other dogs: <i>(Check all that apply)</i> | |
| <input type="checkbox"/> Never been around other dogs <input type="checkbox"/> Frightened <input type="checkbox"/> Friendly / Playful <input type="checkbox"/> Aggressive with all dogs | |
| <input type="checkbox"/> Ignores / Indifferent <input type="checkbox"/> Bossy <input type="checkbox"/> Adores other dogs <input type="checkbox"/> Aggressive with same sex dogs | |
| <input type="checkbox"/> Good with some dogs <input type="checkbox"/> Roughness <input type="checkbox"/> Gentle / Submissive <input type="checkbox"/> Aggressive when on leash | |
| <input type="checkbox"/> Other: (Please Explain) | |
| Would you recommend placing this dog in a home with other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, explain) | |
| Describe your dog's behavior around cats: <i>(Check all that apply)</i> | |
| <input type="checkbox"/> Never been around cats <input type="checkbox"/> Respectful <input type="checkbox"/> Friendly / Playful <input type="checkbox"/> Chases to harm | |
| <input type="checkbox"/> Ignores / Indifferent <input type="checkbox"/> Frightened <input type="checkbox"/> Gentle / Submissive <input type="checkbox"/> Chases to catch | |
| <input type="checkbox"/> Aggressive <input type="checkbox"/> Roughness <input type="checkbox"/> Chases for fun <input type="checkbox"/> Has killed a cat | |
| <input type="checkbox"/> Other: (Please Explain) | |
| Would you recommend placing this dog in a home with cats? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, explain) | |

III. Home Environment & Manners

| | |
|--|--|
| Where was your dog kept when no human members of your family were at home? <i>(Check all that apply)</i> | |
| <input type="checkbox"/> Free Run of Home <input type="checkbox"/> Crated <input type="checkbox"/> Confined to a room <input type="checkbox"/> In garage | |
| <input type="checkbox"/> In fenced yard <input type="checkbox"/> Tied outside on chain or runner <input type="checkbox"/> Other: | |
| Where does your dog sleep at night? <i>(Check all that apply)</i> | |
| <input type="checkbox"/> Loose in the home <input type="checkbox"/> Confined to a room <input type="checkbox"/> On couch or chair <input type="checkbox"/> In crate | |
| <input type="checkbox"/> In adult's room <input type="checkbox"/> In child's room <input type="checkbox"/> In garage <input type="checkbox"/> On the person's bed | |
| <input type="checkbox"/> On the dog's bed <input type="checkbox"/> Outside in a kennel <input type="checkbox"/> Outside | |
| How many hours of a typical day is your dog kept outside? <i>(Check One)</i> | |
| <input type="checkbox"/> None, lives only indoors <input type="checkbox"/> Less than one hour <input type="checkbox"/> 1 – 5 hours <input type="checkbox"/> 5 – 10 hours | |
| <input type="checkbox"/> Only inside at night <input type="checkbox"/> Lived outdoors <input type="checkbox"/> Other: | |
| How is your dog confined to your property when outside? <i>(Check all that apply)</i> | |
| <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Kennel or Enclosure <input type="checkbox"/> Dog house <input type="checkbox"/> Electronic containment | |
| <input type="checkbox"/> Never left alone outside <input type="checkbox"/> Other: | |
| Have you ever kept your dog tied or chained in the yard? <input type="checkbox"/> No <input type="checkbox"/> Yes, _____ hours per day | |
| Has your dog ever escaped? <input type="checkbox"/> No <input type="checkbox"/> Yes, how? | |

| | | | | |
|--|---|--|---|---|
| If your dog house trained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| If your dog crate trained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Tried, dog didn't like crate | <input type="checkbox"/> Tried, dog escaped |
| If yes, how many hours does your dog spend in the crate each day? _____ | | | | |
| Can your dog be left alone in your home or yard for 8 hours a day without issues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Never Tried | |
| If no, why not? | | | | |
| Is your dog destructive when left alone in your home or yard (<i>If yes, check all that apply</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> Chews woodwork / walls | <input type="checkbox"/> Chews furniture | <input type="checkbox"/> Chew / eats other inappropriate objects | | |
| <input type="checkbox"/> Chews on windows / doors | <input type="checkbox"/> Chews clothing / shoes | <input type="checkbox"/> Digs or destroys yard | | |
| <input type="checkbox"/> Other: | | | | |

IV. Obedience, Exercise, Play & Behavior

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|--|---|--|--|-------------------------------|
| What kind of training does your dog have? | | | | |
| <input type="checkbox"/> Home Training | <input type="checkbox"/> Puppy Classes | <input type="checkbox"/> Obedience Classes | <input type="checkbox"/> Board & Train | |
| <input type="checkbox"/> Advanced Training <input type="checkbox"/> No Training | | | | |
| Does your dog understand commands? (<i>Check all that apply</i>) | | | | |
| <input type="checkbox"/> Sit | <input type="checkbox"/> Stay | <input type="checkbox"/> Down | <input type="checkbox"/> Heel | <input type="checkbox"/> Come |
| <input type="checkbox"/> Drop | <input type="checkbox"/> Leave it | <input type="checkbox"/> Take it | | |
| <input type="checkbox"/> Wait <input type="checkbox"/> Off <input type="checkbox"/> Other: | | | | |
| <input type="checkbox"/> Doesn't know commands | | | | |
| What language does your dog understand best? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ | | | | |
| Is your dog protective or possessive of any of the following? (<i>Check all that apply</i>) | | | | |
| <input type="checkbox"/> Of food (toward people) | <input type="checkbox"/> Of toys (toward people) | <input type="checkbox"/> Of his / her body | | |
| <input type="checkbox"/> Of food (to other animals) | <input type="checkbox"/> Of toys (to other animals) | <input type="checkbox"/> Of property ; good guard dog | | |
| <input type="checkbox"/> Of owner / family | <input type="checkbox"/> Of bed, crate or space | <input type="checkbox"/> Dog is not protective or possessive | | |
| <input type="checkbox"/> Other: | | | | |
| Please select the following that frighten your dog: (<i>Check all that apply</i>) | | | | |
| <input type="checkbox"/> Men | <input type="checkbox"/> Women | <input type="checkbox"/> Babies or Toddlers | <input type="checkbox"/> Teenagers | |
| <input type="checkbox"/> Unpredictable Children | <input type="checkbox"/> Strangers | <input type="checkbox"/> People in Uniform | <input type="checkbox"/> Veterinarian or Groomer | |
| <input type="checkbox"/> Erratic/sudden movement | <input type="checkbox"/> Loud voices | <input type="checkbox"/> Loud noises | <input type="checkbox"/> Thunder | <input type="checkbox"/> Cars |
| <input type="checkbox"/> Vacuum | <input type="checkbox"/> Broom | <input type="checkbox"/> Bicycles & Skateboards | <input type="checkbox"/> Other: | |

V. Health & Diet

| | | | | |
|---|---------------------------------------|---|---|--|
| Has your dog ever been hit by a car or required surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes, please explain: | | | | |
| Has your dog ever been diagnosed or treated for any of the following by a veterinarian? (<i>Check all that apply</i>) | | | | |
| <input type="checkbox"/> Heartworm Disease | <input type="checkbox"/> Parvovirus | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Epilepsy or Seizures | |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Allergies | <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Arthritis or Hip Dysplasia | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer | <input type="checkbox"/> Tumors | <input type="checkbox"/> Separation Anxiety | |
| <input type="checkbox"/> Chronic eye/ear infections | <input type="checkbox"/> Broken Bones | <input type="checkbox"/> Mange or other skin problems | | |
| <input type="checkbox"/> None, my dog has been healthy | | | | |
| <input type="checkbox"/> Other: | | | | |
| Does your dog require any medication or a special diet on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes, please explain: | | | | |

VI. Review and Certification

By my signature below, I certify that I am the legal owner of this animal. I also certify that the information I have provided on and in connection with this form is true, accurate and complete to the best of my knowledge. I understand that any false statements or deliberate omissions on this document or any other documents that I submit to Valley Animal Haven may be grounds for disqualification for consideration of surrendering my animal to this organization.

I understand that submission of the Dog Owner's Questionnaire is not a guarantee that Valley Animal Haven will be able to make the space needed for my dog.

Signature of Owner

Date

VII. Next Steps

Thank you for taking the time to complete this Questionnaire. This information is key to helping us help you and your pet. Please submit the following to Valley Animal Haven for review and consideration:

- Completed & Signed Dog Owner's Questionnaire
- Any Medical and Vaccination Record
- Current Picture of the Animal

Submissions may be made by emailing us at valleyanimalhaven@gmail.com or by mail or in-person to:

Valley Animal Haven
990 E. D Street
Lemoore, CA 93245
ATTN: Intake Department

Please allow 72 hours for our Staff to review your request and determine how to help you and your pet. Please note that Valley Animal Haven will contact you regarding the next steps which may include a temperament evaluation or a home-visit. A surrender fee may apply.

Should you have any questions or concerns, please contact our office at (559) 997-3601.

Thank you for your cooperation!