



NRAS

Northern Rivers Animal Services Inc.
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www.nras.org.au

ABN: 16 055 396 731
CFN: 17290
Authorised Re-homing Number: R251000060

DOG SURRENDER QUESTIONNAIRE:

DATE _____

OWNER'S DETAILS	
First Name:	Surname:
Home Phone:	Mobile:
Address:	Post Code:
Email:	

DOG'S DETAILS	
Dog's Name:	Age: DOB: Breed:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Desexed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Microchipped: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Microchip Number:
If microchipped is the dog registered to the current owner? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Is the dog registered with your local council: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Last vaccination date:	What was the vaccination for?
Where did you get your dog?	Did you pay for your dog? <input type="checkbox"/> Yes <input type="checkbox"/> No
How old was the dog when you acquired him/her?	Dogs approx. weight:
Please explain why you are surrendering your dog:	

LIFESTYLE AND HOME LIFE	
Is your dog allowed inside? <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Sometimes
Is your dog allowed outside? <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Sometimes
What sort of fenced yard do you have?	
How high is the fence?	
Did your dog ever get out? <input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes did your dog <input type="checkbox"/> Jump out <input type="checkbox"/> Dig out <input type="checkbox"/> Climb out <input type="checkbox"/> Other	
If your dog was escaping how often would this occur?	
If your dog was escaping describe why you think the dog was doing this:	
What did it do when it was out?	
Where does your dog prefer to spend most of its time? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
When no one is home where is your dog kept?	
What does your dog do as you leave the house?	
What does your dog do when left home alone?	
What does your dog do when you return home?	
Where does your dog sleep at night?	
How much time does your dog spend on his/her own?	
Does your dog follow you from room to room when you are home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	
Do you have any other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No Cats? <input type="checkbox"/> Yes <input type="checkbox"/> No Any other pets?	
How does your dog interact with these other pets?	
Which pet arrived in your household first?	
How many adults and children live at home with the dog?	
What are the children's ages?	
Do any of the children play with the dog? <input type="checkbox"/> Yes <input type="checkbox"/> No	



LIFESTYLE AND HOME LIFE (cont'd)			
If yes, does the dog: <input type="checkbox"/> Tolerate them <input type="checkbox"/> Ignore them <input type="checkbox"/> Walk away <input type="checkbox"/> Hide From <input type="checkbox"/>			
Other Details:			
Has your dog met...			
Many Children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Many adults?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Many dogs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Many other animals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

BEHAVIOUR AND TEMPERAMENT			
How active is your dog?	<input type="checkbox"/> Very	<input type="checkbox"/> Moderately	<input type="checkbox"/> Not very <input type="checkbox"/> Unsure
How playful is your dog?	<input type="checkbox"/> Very	<input type="checkbox"/> Moderately	<input type="checkbox"/> Not very <input type="checkbox"/> Unsure
How affectionate is your dog?	<input type="checkbox"/> Very	<input type="checkbox"/> Moderately	<input type="checkbox"/> Not very <input type="checkbox"/> Unsure
Does your dog like to be patted / touched?	<input type="checkbox"/> A lot	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No <input type="checkbox"/> Unsure
Has your dog ever needed to be muzzled for any reason? If yes under what circumstances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has your dog ever been declared a Dangerous Dog?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has your dog ever shown aggression towards a person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes please explain:
Has your dog ever bitten a person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes please explain:
Has your dog ever bitten another dog?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes please explain:
Does your dog travel well?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your dog vocalise excessively? If yes, when and why?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there anything that may cause your dog to be nervous or fearful? Please tick appropriate responses	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<input type="checkbox"/> Storms	<input type="checkbox"/> Loud noises	<input type="checkbox"/> Other dogs	
<input type="checkbox"/> Fireworks	<input type="checkbox"/> Camera flashes	<input type="checkbox"/> Other animals	
If yes, how does your dog react?			

FOOD			
What do you feed your dog?			
How many times a day is your dog fed?			
Is your dog comfortable with people and animals being around when he/she is fed? If no, what does the dog do in this situation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is your dog comfortable with other animals being around when he/she is fed? If no, what does the dog do in this situation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can you easily take food, bones, and toys from your dog? If no, what is your dog's reaction when you try to take such items?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

TRAINING			
Has your dog attended training or puppy classes? If yes, what classes? How long ago? Where? What methods were used? e.g. treat training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What cues/commands does your dog respond to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
Does your dog come when called?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes



TRAINING (cont'd)			
How well does your dog walk on a leash? <input type="checkbox"/> Walks well <input type="checkbox"/> Pulls sometimes <input type="checkbox"/> Pulls constantly <input type="checkbox"/> Won't walk			
Do you use any walking equipment? <input type="checkbox"/> Head halter <input type="checkbox"/> Body harness <input type="checkbox"/> Choker <input type="checkbox"/> Flat collar			

HEALTH			
Has your dog ever had any vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If yes, when?			
What is the name of your current vet?			
What are the contact details for the current vet?			
When and why was the last time you took your dog to the vet?			
Does your dog have any medical conditions/history that you are aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain			
Is your dog currently on any medication, including heartworm preventative <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain:			

EXERCISE AND PLAY			
How often is your dog walked? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Never			
How long does a walk last?			
Where do you take your dog when you walk him/her?			
Describe your dog's reaction when he/she sees another dog whilst walking?			
Do you regularly exercise your dog off-leash? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you let your dog sniff/play with other dogs (outside the home)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What are your dog's favourite kinds of games to play?			
What are your dog's favourite kinds of toys?			
Is your dog rough/mouthy in play? If yes, please describe:			

GROOMING			
How often do you bath your dog? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Never			
How often do you brush your dog? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Never			
How does your dog behave when groomed? <input type="checkbox"/> Compliant <input type="checkbox"/> Fusses but can control <input type="checkbox"/> Scared <input type="checkbox"/> Panics and cannot control <input type="checkbox"/> Becomes aggressive <input type="checkbox"/> Never tried			
Has your dog ever been professionally groomed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can you easily trim your dog's claws? <input type="checkbox"/> Yes <input type="checkbox"/> No			

OTHER INFORMATION			
Please tell us anything else about your dog that you think future adopters would like to know			

Please note that NRAS requests a surrender fee per animal. If your animal requires additional health checks the surrender fee will include these fees. If the dog is over 6mths and not registered, the surrender fee will also include the registration fee.

Please attach any copy of vaccinations/medical reports with this form.

If it is found that any of the above information you have supplied is incorrect NRAS reserve the right to pursue any monetary cost from you that arise from any incident/s

Owner's Signature: _____

Date: _____

NRAS OFFICE DETAILS ONLY	
Animal ID	
Desexing certificate provided YES / NO	Vaccination certificate provided? YES / NO

