



3100 Cherry Hill Road • Ann Arbor, MI 48105
734-662-5585 • www.hshv.org

Owner Relinquish Profile

Is your pet a dog, cat, or other domestic animal? (Please specify): _____

What is your pet's Name: _____

How old is your pet: _____ Male/Female: _____ Spay/Neutered?: _____

If a cat, is your pet declawed? _____

How long have you had this pet? _____ Where did you get this pet? _____

Why are you bringing this pet to the Humane Society? _____

Where did this pet spend most of its time? Inside/Outside/Both. _____

Where did this pet sleep? _____

How many hours a day was this pet alone? _____

What is the regular diet or special dietary needs for this pet? _____

Does this pet have any medical conditions or special medications? _____

When was this pet last seen by a veterinarian? _____ Veterinarian Name _____

Is this pet current on its vaccinations? _____ Do you have those records with you? _____

Has this pet ever bitten anyone? _____ If yes, explain _____

Please Indicate ALL Known Commands or Training:

- | | | |
|---|---|--|
| <input type="checkbox"/> Come | <input type="checkbox"/> Roll Over | <input type="checkbox"/> Stay |
| <input type="checkbox"/> Down | <input type="checkbox"/> Shake | <input type="checkbox"/> Other |
| <input type="checkbox"/> Go Lie Down | <input type="checkbox"/> Leash | <input type="checkbox"/> Paper |
| <input type="checkbox"/> Clicker | <input type="checkbox"/> Litter Box Trained | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Crate | <input type="checkbox"/> Obedience | <input type="checkbox"/> Specialized |
| <input type="checkbox"/> House-broken/trained | <input type="checkbox"/> Sit | <input type="checkbox"/> Training Collar |
| <input type="checkbox"/> Heel | <input type="checkbox"/> Speak | <input type="checkbox"/> Verbal |

How would you rate your pet's energy level? Very Low Low Medium High Very High

How would you rate your pet's temperament? Friendly Calm Gentle Timid Scared Nervous

Please Indicate ALL Known Behavior Traits:

- | | | |
|--|---|---|
| <input type="checkbox"/> Barks frequently | <input type="checkbox"/> Runs Away | <input type="checkbox"/> Food Aggressive |
| <input type="checkbox"/> Growls | <input type="checkbox"/> Jumps Fences | <input type="checkbox"/> Fear Aggressive |
| <input type="checkbox"/> Bites | <input type="checkbox"/> Escape Artist | <input type="checkbox"/> Dominance Aggressive |
| <input type="checkbox"/> Snaps/Nips | <input type="checkbox"/> Good with Dogs | <input type="checkbox"/> Extreme Anxiety |
| <input type="checkbox"/> Scratches | <input type="checkbox"/> Good with Cats | <input type="checkbox"/> Separation Anxiety |
| <input type="checkbox"/> Play Bites | <input type="checkbox"/> Good with Children | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Destructive | <input type="checkbox"/> Aggressive | <input type="checkbox"/> House-Soiling Mistakes |
| <input type="checkbox"/> Digs Holes | <input type="checkbox"/> Possessive | <input type="checkbox"/> Spraying |
| <input type="checkbox"/> Chews Destructively | <input type="checkbox"/> Submissive | |

Other

- | | | |
|---|--|---|
| <input type="checkbox"/> Gets in the Garbage | <input type="checkbox"/> Been Around Livestock | <input type="checkbox"/> Uses a Scratching Post |
| <input type="checkbox"/> Chases Cars or Bikes | <input type="checkbox"/> Rides Well in a Car | <input type="checkbox"/> Plays Fetch |

Household History:

Did this pet live with children? _____ Please list genders and ages _____
Explain how this pet interacted with the children? Tolerate them? Ignore them? Walk away if they get too close?
Play with them? Rough or Gentle with them? _____

Did this pet live with dogs? _____ Please list genders and ages _____
Did this pet live with cats? _____ Please list genders and ages _____
Who does the pet listen to/obey best in the household? _____
How is the pet disciplined? _____

Activities and Hobbies:

What is your pet's favorite game to play? _____
Does your pet entertain himself? _____
Does your pet have a best friend/playmate? _____ Describe _____
Did your pet get walked on a leash? _____

Habits:

How does the pet react to visitors in your home? _____
Does the pet adapt well to new situations and people? _____
What parts of your pet's body does he NOT like touched by visitors/guests? _____
What parts of your pet's body does he NOT like touched by family? _____

Helpful Information for the Next Owner:

What are this pet's best qualities? _____
If you could change one of the pet's bad habits, what would it be? _____
What are some of the cutest and nicest things about this pet? _____

Comments: _____

HSHV Use Only:

Staff Initials: _____ Animal UID#: _____ Owner UID#: _____