

## ***Clever K9s Relinquishment Form***

I \_\_\_\_\_ on this day \_\_\_\_/\_\_\_\_/\_\_\_\_/ relinquish ownership of my dog \_\_\_\_\_ to Clever K9s, with the exception of any and all summons, law suits, and damages caused by the above mentioned dog. I also agree to release any and all paper-work pertaining to the above mentioned dog, (health records, AKC. papers etc.) to Clever K9s. To help with the adoption process I agree to fill out this questionnaire to the best of my knowledge.

I understand that by relinquishing the above mentioned dog to Clever K9s that I give up full ownership and say in the care and placement of the dog.

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

PHONE # (\_\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

# Clever K9s Relinquishment Form

## Pet Information

Dog's Name: \_\_\_\_\_ List nicknames you call your dog: \_\_\_\_\_

Breed/Mix: \_\_\_\_\_ DOB: \_\_\_\_\_

Where did you get your dog from? \_\_\_\_\_

Age of dog when purchased/adopted? \_\_\_\_\_

If you purchased or obtained your dog as a puppy, do you know what age the puppy was when separated from litter? \_\_\_\_\_

Did the mother or littermates have any illness?  Yes  No If so, what? \_\_\_\_\_

Did the seller provide a health contract?  Yes  No

If you are the dog's second/third/etc. owner, do you know any history of the dog?  Yes  No Any details: \_\_\_\_\_

Any other relevant information that would be helpful to us: \_\_\_\_\_

## Home Environment

Any other animals at home? If yes, please list

Name	Age	Type

Where does your dog sleep? \_\_\_\_\_

What is the feeding schedule? \_\_\_\_\_ What kind of food are you feeding? \_\_\_\_\_

How often is the dog getting treats/people food throughout the day? \_\_\_\_\_

Is your dog crate-trained?  Yes  No Crate Type:  Wire  Plastic Where is crate located? \_\_\_\_\_

Is the dog housetrained?  Yes  No  Partially  Unknown

Does he/she use a doggie door?  Yes  No

How does he/she behave when left alone? \_\_\_\_\_

How long is he/she typically alone? \_\_\_\_\_

How much exercise does he/she get a day? \_\_\_\_\_

What activities do you use for exercise?  Ball/Frisbee throwing  Jogging/Running  Free Roam  0-30 min. walk  30-60 min walk  Over 60 min walk  Dog Park

At what level of intensity does this dog play?  Doesn't Play  Bored easily  Plays awhile  Could play all day  Plays chase  Hard/Jumps  Bites/Nips

Types of toys dog enjoys playing with or chewing on: \_\_\_\_\_

Is your dog allowed on furniture?  Yes  No

Is your dog allowed complete freedom of the house?  Yes  No

Does your dog repeatedly escape the yard or house?  Yes  No If yes, how often? \_\_\_\_\_

How does dog escape?  Chews through  Digs Under  Climbs over  Jumps over  Darts out door/gate

Do you have any problem behaviors when dog is outside?  Yes  No If yes, what? \_\_\_\_\_

Does your dog display any type of destructive behavior such as chewing, digging, scratching?  Yes  No

Please describe those behaviors in detail: \_\_\_\_\_

This occurs when:  A human is home  Dog is left alone  During the day  At night

Any other info about home environment: \_\_\_\_\_

How does this dog behave around the following. Check all that apply.

	Releases	Guards	Barks	Growls	Pulls	Bites/Snaps	Walks away	No Response	Unknown
Food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chew Toys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chew Bones/Treats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Social Skills

How does this dog behave toward the following. Check all that apply.

	Releases	Guards	Barks	Growls	Pulls	Bites/Snaps	Walks away	No Response	Unknown
Familiar Dogs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unfamiliar Dogs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Familiar Cats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unfamiliar Cats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Familiar Men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Familiar Women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Familiar Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unfamiliar Men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unfamiliar Women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unfamiliar Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Communication and Training

List verbal commands (sit, stay, treat, outside, etc) that dog responds to: \_\_\_\_\_

List hand signals/gestures that the dog responds to: \_\_\_\_\_

Has the dog had any formal obedience training?  Yes  No If yes, where and when? \_\_\_\_\_

Does the dog know any tricks?  Yes  No If yes, please list: \_\_\_\_\_

How do you discipline your dog for "bad" behavior: \_\_\_\_\_

Rate the following:

	1 - Best	3 - Average	5 - Worst
Listens to my commands (sit, stay, come)	1 - - - - - 2 - - - - - 3 - - - - - 4 - - - - - 5		
Responds to name being called	1 - - - - - 2 - - - - - 3 - - - - - 4 - - - - - 5		
Learning new commands/skills	1 - - - - - 2 - - - - - 3 - - - - - 4 - - - - - 5		
Eager to learn new things	1 - - - - - 2 - - - - - 3 - - - - - 4 - - - - - 5		

### Hygiene and Handling

Where does your dog enjoy being scratched? \_\_\_\_\_

Where does your dog NOT like to be touched? \_\_\_\_\_

Is the dog tolerant of: Ears being cleaned Nails being trimmed Bath Grooming

Does your dog like to swim? Yes No

Does your dog enjoy car rides? Yes No

Is the dog "hand shy"? Yes No

Does the dog spook easily? Yes No

Check anything the dog is afraid of:

Loud noises/voices

Thunder

Car rides/motion

Veterinarian

Certain objects List: \_\_\_\_\_

Has the dog ever displayed aggression to another dog? Yes No Is so, what were the circumstances?  
\_\_\_\_\_

Has the dog ever displayed aggression to a person? Yes No Is so, what were the circumstances?  
\_\_\_\_\_

Has your dog ever been on quarantine hold for a dog bite? Yes No

### Medical

Is the dog up-to-date shots? Yes No (Enclose shot records)

Has this dog ever tested positive for Heartworm or Lymes Disease? Yes No

Has the dog ever been bred? Yes No Don't Know

If so, when? \_\_\_\_\_ How many litters? \_\_\_\_\_

Any problems with:

Eyesight

Hearing

Lameness

Seasonal allergies

Food allergies

Other: \_\_\_\_\_

Please list any medical issues in the past or present: \_\_\_\_\_  
\_\_\_\_\_

List any medications dog is presently taking: \_\_\_\_\_

Reason you are relinquishing the dog: \_\_\_\_\_  
\_\_\_\_\_

**Thank You!**

*The information you give is extremely important to us in providing the best care for your dog.*