



# OWNER RELEASE FORM

**BY SIGNING BELOW, THE OWNER (OR CARETAKER), AGREES TO AND UNDERSTANDS THE FOLLOWING:**

- *I do certify that as owner (or caretaker), acting in good faith, I do hereby give this animal irrevocably to the Gastineau Humane Society (GHS) for whatever disposition it deems best. It is expressly agreed that GHS, including officers and employees will not incur any obligation to me on account of such disposition.*
- *I understand GHS may make the decision to humanely euthanize this animal should they deem it unfit for public visitation and/or adoption. Any decision to euthanize is made by highly skilled and trained veterinary staff based on a standardized medical and behavioral evaluation process.*
- *I agree to not visit this animal after relinquishment, as it makes the transition into the shelter and their new home more difficult for the animal.*
- *I understand that the assessment, rehoming processes, and possible euthanasia of an animal are confidential, and that by signing below, I am permanently giving up this animal, and all rights to information about this animal.*

**THANK YOU FOR HONORING GASTINEAU HUMANE SOCIETY'S POLICIES, AND UNDERSTANDING THAT ALL DECISIONS ARE MADE IN THE BEST INTEREST OF BOTH THE ANIMAL AND THE SAFETY OF EVERYONE INVOLVED IN THEIR CARE.**

Owner's Name: \_\_\_\_\_ Animal's Name: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Animal's Breed: \_\_\_\_\_ Sex: Male Female Unknown Altered (Fixed)? Yes No

Color/Markings: \_\_\_\_\_ Age: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

Has this animal bitten or scratched anybody in the last 10 days? (If yes, please explain below) \_\_\_\_\_

Other important information:

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**(IF APPLICABLE) PLEASE FILL OUT THE FOLLOWING**

Reason Caretaker is relinquishing instead of Owner:

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Caretaker's Name: \_\_\_\_\_ Caretaker's Phone Number: \_\_\_\_\_

Caretaker's Signature: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_



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## Incoming Dog Profile

The following questionnaire provides us with information about how your dog behaved in many different circumstances while he or she was living with you. Because your dog is likely to behave in similar ways in his/her new home, this information will help us find the most suitable home for your dog and effectively counsel the new family in an effort to keep the dog in a home situation for life. Your open and honest answers are necessary and very much appreciated in order for us to make successful adoptions.

### 1. Dog and Household Demographics

**Dog's Name:** \_\_\_\_\_ **Sex:**  Male  Female  Altered  Y  N

**Age:** \_\_\_\_\_ (years / months) **Breed:** \_\_\_\_\_

**How long have you had this dog?** (years / months) \_\_\_\_\_

**Your relationship to this dog?**  Owner  Caretaker  Foster  Other \_\_\_\_\_

**Where did you get this dog?** (Please circle the following) **GHS** **SOFA** **Petco** **Craigslist** **Breeder**  
**Friend** **Other Shelter** **Face book Ad** **Other (Please explain)** \_\_\_\_\_

**Why are you giving up this dog?** \_\_\_\_\_

**How many people lived in the household?** \_\_\_\_\_ **Ages:** \_\_\_\_\_

**What other animals are in the household?**  Dogs  Cats  Other \_\_\_\_\_

### 2. Behavioral History

*Please answer the following questions about your dog's usual behavior.*

**How does your dog usually behave toward the following?**

	Friendly	Afraid	Growls	Snaps	Bites	None	Never Encounter
Unfamiliar People							
Men							
Women							
Children							
Familiar People							
Men							
Women							
Children							
Unfamiliar Animals							
Dogs							
Cats							
Familiar Animals							
Dogs							
Cats							

**Does your dog chase any of the following?**  Outdoor cats  Bicycles  Cars

Skateboarders/Rollerbladers  Squirrels, other small animals  Joggers



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Doesn't chase  Other \_\_\_\_\_

**How does your dog usually react when you or someone else do the following?**

	Never tried	Enjoys	Afraid	Doesn't Mind	Growls/Snaps	Bites
Bathe / Clip						
Brush						
Trim Nails						

**How does your dog usually react when you or another family member does the following?**

	Never tried	Shows teeth/growls	Snaps	Bites	None of these
Touch the dog or the dog's food while he/she is eating a meal?					
Touch the dog or the dog's bone, rawhide, pig's ear, stolen food or another delicious item while he/she is chewing?					
Touch the dog or a stolen object in the dog's mouth (tissue, shoe, sock, etc?)					
Pet the dog or move the dog while sleeping?					
Push or pull the dog off of furniture?					

**How does your dog usually react when an unfamiliar person approaches or enters the yard or house?**  Friendly  Afraid  Barks  Shows teeth/Growls  Snaps  Bites  Other \_\_\_\_\_

**Where does your dog mainly live?**  In house runs free  In house, in kennel  Outside, runs free  Outside, in fenced yard  Outside, on chain/run  Outside, in kennel  Other \_\_\_\_\_

**Is your dog potty-trained?**  Yes, loose in the house  Yes, crate-trained  Yes, pee-pad/newspaper trained  Yes, but has an occasional accident \_\_\_ times a week  No

**How long is your dog left alone, without people, during the day?**  Never  1-3 hour's  4-8 hour's  9-12 hour's  12+ hours

**When your dog is left alone, he/she is...**  Outdoors  Loose in house  Confined in a room  In a kennel  Other \_\_\_\_\_



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When left alone, does your dog *usually* show any of the following behaviors?

Urinate/defecate  Bark  Whine/Cry  None of these  Other \_\_\_\_\_

When you are home, does your dog *usually* show any of the following behaviors?

Destroy household items  Urinate/Defecate  Bark  Whine/Cry  
 None of these  Other \_\_\_\_\_

What games does your dog like?  Fetch  Tug  Chase  Wrestling  None

Other \_\_\_\_\_

What toys does your dog like?  Balls  Frisbee  Tug Rope  Plush  Squeaky

Other \_\_\_\_\_

When your dog plays does he/she typically...  Jump  Growl  Bark  Mouth lightly

Mouth hard  Nip heels  None of these

Is your dog scared of anything?  Gunshots/Fireworks  Vacuum  Water

Other \_\_\_\_\_

Is your dog allowed on the furniture?  Bed  Couch/Chairs  No

Please tell us your dog's "bad habits" \_\_\_\_\_

Where does your dog sleep overnight?  Kennel  Floor  Dog bed  Owner bed

Other \_\_\_\_\_

Has your dog had any formal obedience training?  Yes  Clicker  Head Halter

Shock collar  Choke/Prong Collar  No  Other \_\_\_\_\_

What cues/commands does your dog know?  Sit  Down  Come  Stay  Heel

Shake  Other \_\_\_\_\_

Do you walk your dog on a...  Regular collar  Head halter  Choke/Prong Collar

Harness  Other \_\_\_\_\_

Does your dog have problems riding in the car?  Don't know  No

Yes (please specify) \_\_\_\_\_

Has your dog escaped your property 2 or more times in the last 6 months?  No  Yes

### 3. Aggressive Behavior History

*Please tell us about any aggressive behavior your dog has ever shown. Please check the appropriate box if your dog has ever displayed any aggressive behaviors towards men, women, children or another domestic animal species (do not include pocket pets like hamsters, etc.). It is not necessary to include aggressive behaviors directed towards a veterinarian or groomer.*



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	Show teeth/growl	Snap	Bite	Serious Bite (multiple or a bite that required medical attention)	None of these	Don't know
Men						
Women						
Children						
Dog						
Other domestic animal (livestock, cat, chickens, etc.)						

If a snap or a bite to a human was checked, did the bite take place while breaking up a dog fight or while the dog was in severe pain? No Yes

If you checked one or more bites in the table above please detail the circumstances surrounding each event. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If any aggressive behavior to men, women, or children was checked in the table above, please answer the following questions. Skip if not applicable

	Men		Women		Children	
	No	Yes	No	Yes	No	Yes
Was the aggressive behavior over food?						
Was it over bones or rawhides or chews?						
Was it over toys?						
Was it over stolen objects?						
Was it when the dog was disturbed while sleeping or resting?						
Was it when an adult or child handled the dog (brushing, handling feet, bathing, teeth brushing, ear cleaning, etc.) Do not include reaction to vet/groomer.						
Was it when the person entered the yard?						
Was it when an adult or child approached or reached toward the dog?						

#### 4. Medical History

Does your dog see a veterinarian at least once a year? No Yes

If yes, who? \_\_\_\_\_



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Does your dog have any past or present medical conditions?  No  Yes (please explain)

Is your dog currently on any medications or special diets?  No  Yes (please describe)

What type of food does your dog eat?  Dry  Canned  Table scraps How much? \_\_\_\_\_

**How does your dog react when the veterinarian or groomer does the following?**

	Never done	Show teeth/Growl	Snap	Bite	None of these
Examine (head, ears, etc.)					
Restrain					
Administer shots					
Trim nails					
Draw blood					

Please feel free to tell us any other additional information you think may be helpful to successfully placing the dog in a new home.

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*Please let us know if you would like to make a donation to help care for the animals during their stay at our shelter. Thank you.*



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## Medical Release

This form serves as authorization to release and disclose all medical information including vaccinations, exams, diagnostic testing and results, surgeries.

This authorization is for:

Name of Pet(s): \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Previous Owner (Your Name): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

The purpose of this authorization is to provide written documentation for transfer of medical records from the previous owner(s) to the new owner, Gastineau Humane Society.

**Please transfer all of the above mentioned information to the new owner at:**

Gastineau Humane Society

7705 Glacier Highway, Juneau, AK 99801

Phone: (907) 789-0260 Fax: (907) 789-1795

\_\_\_\_\_  
Previous Owner (*Your Name*) Signature Date

\_\_\_\_\_  
New Owner's Signature Date

*In accordance with the Board of Veterinary Examiners Statutes and Regulations 12 AAC 68.910*