

Dog Owner Surrender Form

We are dedicated to finding the best possible home for your animal. To do so effectively, we rely on the information you provide us. Please answer the following questions honestly and to the best of your ability.

If you are having a behavior or financial problem with your dog, would you consider keeping him if we could help you with training, or direct you to a network of individuals that supply food and other pet items to those who need them? If this is something you are interested in, please ask to speak to a behaviorist (for training/behavior advice) or manager, and we will be happy to provide you with other options before you relinquish your pet.

1. Dog's Name: _____

2. Reason for needing to surrender: _____

3. Breed: _____

4. Age/Birthdate: _____

5. Male/Female (circle one) Spayed/Neutered (circle one)

6. Are you this dog's first owner? Yes/No (circle one)

How long have you owned? _____

7. Where did you get this dog from? (Check one)

Breeder _____

Pet Store

Newspaper/Internet Ad

Rescue Group _____

Family/Friend

Shelter _____

Found Stray

Other _____

8. Did your pet live with other animals? Yes / No – If yes Cat(s) / Dog(s) / Other (circle one):

If dogs please list breeds/weight: _____

9. Has your dog ever been the victim of abuse or neglect? Yes/No/Unknown (circle one)

10. Has your dog ever bitten a person? Yes/No/Unknown (circle one) If yes,

a. Was medical attention required? Yes/No/Unknown (circle one)

b. Was animal control, police or paramedics involved? Yes/No/Unknown (circle one)

c. Date of the incident: _____

d. Description of events leading up to the bite: _____

e. Description of the person bitten (child, adult, stranger, someone the dog knew):

f. Description of the severity of the bite: _____

11. Has the dog ever attacked another animal? Yes/No/Unknown (circle one) If yes,

a. What type of animal(s)? _____

b. Was veterinary attention required? Yes/No/Unknown (circle one)

c. Were animal control, or police involved? Yes/No/Unknown (circle one)

d. Date of the incident: _____

e. Description of events leading up to the bite: _____

f. Description of the severity of the bite: _____

12. Are there children your dog interacts with regularly?(In or outside of home) If yes, list the ages:

13. Does your dog interact well with children? Yes/No/Unknown (circle one)

14. What brand of food does your dog eat? _____

15. Is your dog housebroken? Yes/No (circle one) Notes: _____

16. Is your dog crate trained? Yes/No (circle one) Notes: _____

17. When you are away from home, the dog is: (Check one)

In a crate

In an outdoor kennel

Restricted to one room of the house

On a tie-out in the yard

Loose in the home

Loose in a fenced yard

Other _____

18. Has your dog ever completed any professional training classes? Yes/No/Unknown (circle one) If yes, where at? _____

19. Does your dog know any commands? (Check all that apply)

Sit

Come

Down

Beg

Roll Over

Shake

Stay

Leave it

Kennel/Crate

Speak

Off

Go Potty

Other – Please list:

20. Which veterinarian(s) has your dog been to? Please list name of clinic, location or vet's name:

21. When was the dog last seen by a vet? _____

22. Is the dog currently prescribed any medications or taking any supplements? Yes/No (circle one)

If yes, list: _____

23. Has your dog had any of the following medical conditions in the past or currently? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Allergies (specify) _____ | <input type="checkbox"/> Hip Dysplasia |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hot Spots |
| <input type="checkbox"/> Blindness/Glaucoma/Cataracts | <input type="checkbox"/> Hypothyroidism |
| <input type="checkbox"/> Cancer (specify) _____ | <input type="checkbox"/> Intestinal Parasites |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Kidney Disease/Failure |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Parvo |
| <input type="checkbox"/> Distemper | <input type="checkbox"/> Urinary Crystals/Stones |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Heart Disease/Failure |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Heartworms |
| <input type="checkbox"/> Urinary Tract Infections | <input type="checkbox"/> Other (specify) _____ |

Do you have any additional information that may help us place your dog in the right new home?

Signature _____ Date _____

Your Name (print) _____