Owner Pet Surrender Form

DOG

Note: Owned animals are those contained for at least 30 days and turned in by those residing in same household.

Why are you surrendering your dog? ____________________________________________

Dog's Name: ____________________ Age: __________ □ Male □ Female - Spayed or Neutered? □ Yes □ No

How long have you owned your dog? ___________ Has your dog had other homes, if yes(#)?: _____

Where did you obtain your dog? □ Shelter (which shelter)____________________ □ Breeder □ Pet Store

□ Came as Stray □ Friend □ Gift □ Offspring of owned pet □ Online

Is your dog Microchipped? □ Yes □ No

Is your dog current on vaccinations? □ Yes □ No

Name of Dog's Regular Veterinarian Hospital? _________________________________ □ Never been

Is your dog currently on any medications? □ Yes □ No If yes, what type? ______________________________

Does your dog have any previous medical conditions that you're aware of? □ Yes* □ No

If yes, please explain: ______________________________________________________________________

What brand of food does your dog eat? Dry:______________ Wet: ______________ How often: ___________

Is your dog crate trained? □ Yes □ No

Is he/she allowed on the furniture? □ Yes □ No

Is your dog housebroken? □ Yes □ No If no, frequency of accidents: ______________________________

How does your dog let you know it needs to go outside? □ Whines/Barks □ Paws at door □ Owner Schedule

Where does your dog spend the majority of their time? □ Inside □ Outside □ Both

When I'm not home, my dog is kept: □ Crated □ Isolated in room □ Loose in house □ Outside □ Garage

How many hours a day is your dog used to being alone? □ 10+ □ 8-10 □ 5-8 □ 2-4 hours □ 2 or less

When dog is outside, he/she is confined by: □ Fence □ Invisible fence □ Chain/Tie-out □ Pen □ Runs Free

Where does he/she sleep at night? □ Crate □ Floor □ Dog bed □ Couch □ Outside □ Other: ______________

Has your dog ever escaped? □ Yes* □ No If yes, how? □ Climbs fence □ Opens Latch □ Digs under fence

□ Jumps over fence □ Bolts out of doors □ Chews through fence How often? ____________________________

Is your dog comfortable being alone when you are away? □ Yes □ No*

If no, what behavior does he/she display? □ Tries to escape □ Whines □ Barks/Howls □ Chews □ Digs

□ Urinates/Defecates □ Breaks out of crate □ Other: ____________________________________________

How does he/she do in the car? □ Relaxed □ Car sick □ Protective □ Scared/Anxious □ Crated
Is your dog afraid of anything?  □ Men* □ Women* □ Strangers* □ Thunderstorms □ Fireworks □ Children
□ Loud Noises □ Vet □ Bathing □ Vacuum Cleaner □ Nail Trimming □ Other: __________________

Has your dog had any training? □ No □ Group Classes □ Private Session □ Trained by self
□ Certified Professional Dog Trainer - Trainer/location: ______________________________________

Training method used? □ Positive Reinforcement □ Alpha Dog/Dominance □ Shock Collar Prong Collar

What commands/cues does your dog know? □ None □ Sit □ Down □ Come □ Heel □ Paw □ Stay
□ Others: _________________________________________________________________________________

How would you describe your dog? (check all that apply) □ Curious □ Friendly □ Shy □ Skittish* □ Outgoing
□ Active □ Affectionate □ Calm □ Vocal/Talkative □ Smart □ Playful □ Enjoys quiet □ Gentle
□ Hyper □ Fearful* □ Aggressive* □ Demanding □ Unpredictable* □ Uncontrollable*

Describe your dog's play style with people: □ Plays gentle □ Prefers fetch □ Jumps □ Uses mouth in play*
□ Games quickly escalate out of control* □ Prefers chase □ No interest □ Resource guards (Food/Toys/ETC)
Notes: ____________________________________________________________________________________

My dog is used to: □ Living with children □ Visiting with children □ Has never had contact with children

Ages of children dog lived with or has been around: □ 0-3 □ 4-6 □ 7-10 □ 10+

My dog: □ Enjoys being with children □ Tolerates children □ Is nervous of children* □ Unpredictable*
□ Aggressive towards children* □ Protective of children* □ Too active □ Excited □ Ignores children.
Notes: ____________________________________________________________________________________

Does your dog live with other pets? □ Yes □ No If Yes; Dogs (#) _____ Cats (#) _____ Other: ______________

Other dogs in house: (Breed, age, size):
Cats and other pets/livestock: (Species, age, indoor?):

What has been your dog's experience with other dogs in your home or outside of your home?
□ Never around other dogs □ Frightened of other dogs* □ Friendly/Playful □ Shy □ Selective*
□ Lunges on leash out of excitement* □ Lunges on leash out of aggression* □ Ignores or is indifferent
□ Growls* □ Snaps* □ Bossy □ Aggressive* □ Injured* □ Killed* □ Barks constantly

Describe your dog's play style with other dogs: □ Plays chase with little/body contact □ Herds/nips other dogs
□ Plays rough with body contact □ Has to be in charge of play □ Hangs out with dogs rather than play
□ Mirrors other dog □ Guards toys/food from other dogs*

Describe your dog's behavior around cats: □ Never around cats □ Growls* □ Snaps* □ Injured* □ Killed*
□ Nervous around cats* □ Enjoys being with cats □ Barks/Lunges □ Tolerates cats □ Chases cats
Notes: ____________________________________________________________________________________
Has your dog ever bitten anyone? □ Yes* □ No   
Has the bite occurred within the last 10 days? □ Yes □ No

If yes, please select which of the following best describes the incident:

□ Snapping - Air bite, no contact (Pre-Bite)

□ Tooth Contact on skin, no puncture Near-Bite)

□ Skin Punctures, single bite - Shallower than length of canine tooth

□ Single Bite with punctures deeper than the length of the canine (the dog bit and clamped down or with slashes in both directions from the puncture (the dog bit and shook head) (Very Serious)

□ Multiple bite attack with deep punctures or multiple attack incident (Very Serious)

If yes, please describe circumstances and victims: age, gender and actions (ex. 10 year old boy waving stick):
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Can the behavior team call with follow up questions if they deem it necessary?   Yes   No

Is there anything else you feel we should know about your dog that would help us find him/her a new home?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Pet ID# __________________________ Date Surrendered: ________________

Owner Name: ____________________________________________________________
Address: ________________________________________________________________
City: ___________________ Zip: ____________
Best contact number: ___________________ Email: ____________________________

I voluntarily surrender this pet and relinquish ownership. I understand that if I want to reclaim this pet, I will be required to apply for adoption and this will be contingent upon approval from management.

All information provided on this form is accurate and complete. I understand if I am not giving accurate information I could be putting people and other animals in danger, including my pet.

I understand every attempt will be made to find this animal a home, however, FHS cannot guarantee the outcome. If adoption is not an option due to health or behavior reasons, this animal may be humanely euthanized while in our care.

Owner Signature: ____________________________________________ Date: ____________

FOR MARKETING, PLEASE EMAIL PHOTOS OF YOUR PET TO: adopt@flaglerhumanesociety.org