Canine Surrender Request

Date: _____ Dog's Name: _____

Breed:_____ Age: _____

Sex: M ☐ F ☐ Is your dog spayed/neutered? Yes ☐ No ☐

Why are you surrendering this dog? (check all that apply)

Moving ☐ Allergies ☐ Financial reasons ☐ Family changes ☐ Other: _____

Behavior problems: _____

Has this dog ever bit anybody? Yes ☐ No ☐

If yes, please explain. _____

_____

How many people are in your household? (check all that apply and list how many)

Adults ☐ ____ Teenagers ☐ ____ Children under 13 ☐ ____

Is your dog house trained? (check one) Yes ☐ No ☐

Has accidents if left alone more than ____ hours.

How long is your dog alone each day? _____ hours

Where is your dog kept when alone? (cĸŝǒ˺ all that apply)

Crate ☐ Outside ☐ In a room ☐ Loose in house ☐

Other: _____

How does your dog behave around other dogs? (check all that apply)

Plays ☐ Ignores ☐ Growls ☐ Snaps/Bites ☐ Don't know ☐

How does your dog behave around cats? (circle all that apply)

Plays ☐ Ignores ☐ Growls ☐ Snaps/Bites ☐ Don't know ☐

How does your dog behave around strangers? (check all that apply)

Friendly ☐ Tolerates ☐ Ignores ☐ Growls ☐ Barks ☐ Snaps/Bites ☐

How does your dog behave around children? (check all that apply)

Friendly ☐ Tolerates ☐ Ignores ☐ Growls ☐ Barks ☐ Snaps/bites ☐

Does your dog know any commands? _____

_____

How does your dog behave on leash? (circle all that apply)

Pulls ☐ Excited ☐ Walks calmly ☐ Refuses to walk ☐ Not leash trained ☐

Lunges or barks at: Dogs ☐ Cats ☐ Strangers ☐

Does your dog have any special medical needs? _____

_____

Has your dog been to the vet in the past year? Yes ☐ No ☐

Is your dog up to date on core vaccines (DHPP, Bordetella, rabies)? Yes ☐ No ☐

What is your favorite thing about your dog? _____

_____

_____

_____

Name: _____

Address: _____

_____

Phone: _____