

Dog Surrender Form

Basic Animal Information

Name: _____	Breed: _____
Log #: _____	Age: _____
Color: _____	☐ Male ☐ Female
Microchip: _____	☐ Neutered ☐ Spayed

1: Why are you giving this dog up for surrender? _____

2: Where did you originally get the dog? _____

3: Where did the dog primarily live? ☐ Inside ☐ Inside/Outside ☐ Outside

4: Is the dog house trained? ☐ No ☐ Yes If yes, for how many hours? _____

5: Is the dog crate trained? ☐ No ☐ Yes If yes, for how many hours? _____

6: When outside the dog is normally:

☐ Walked on a leash ☐ In a fully fenced in yard ☐ In an Outside kennel
☐ Loose ☐ Chained ☐ Other: _____

7: Will the dog take off, if not on a leash? ☐ Yes ☐ No ☐ Sometimes

8: Where does the dog normally sleep? _____

9: Has the dog had any training? ☐ Yes ☐ No

If yes, please list any commands the dog knows: _____

10: What food does the dog normally eat? _____

11: Does the dog have any food or toy aggression? ☐ Yes ☐ No

If yes, please list the scenarios and with what object(s) aggression normally occurs: _____

12: The dog has lived with:

☐ men ☐ women ☐ children ☐ cats ☐ dogs ☐ livestock
☐ Other _____

If the dog has lived with children, please list the ages: _____

13: The dog is good with and likes:

☐ Men ☐ Women
☐ Children ☐ Strangers
☐ Male Dogs ☐ Female Dogs
☐ Big Dogs ☐ Small Dogs
☐ Cats ☐ Livestock
☐ Small Animals ☐ Vehicle Rides

Other Likes: _____

14: The dog is NOT good with and dislikes:

☐ Men ☐ Women
☐ Children ☐ Strangers
☐ Male Dogs ☐ Female Dogs
☐ Big Dogs ☐ Small Dogs
☐ Cats ☐ Livestock
☐ Small Animals ☐ Vehicle Rides

Other dislikes: _____

15: Has the dog ever bitten anyone? ☐ Yes

If yes, has the dog bitten someone in the last 14 days?

Please describe the incident of which the bite occurred: _____

☐ No

☐ Yes

☐ No

Animal Medical History Information

1: Has the dog ever been vaccinated before?

☐ Yes

☐ No

If yes, please list what vaccinations the dog has received and the date(s) that he/she received them.

2: Has the dog ever received any other veterinarian attention?

☐ Yes

☐ No

If yes, please list any reasons that the dog has previously seen a vet.

3: Does the dog have any other medical issues that should be noted?

☐ Yes

☐ No

If yes, please list what those issues are: _____

4: Please list the name and phone number of the veterinary clinic that your dog was taken to:

5: Do you give the Quinte Humane Society permission to contact your veterinarian's office, to obtain the dog's medical file?

☐ Yes

☐ No

If yes, please list the person's name that the dog's information would be under: _____

6: If the dog is female, has she ever had a litter of puppies?

☐ Yes

☐ No

If yes, how many litters has she had and when was her last litter? _____

Contact Information:

Name: _____ **Phone Number:** _____

Address: _____

By signing below, I hereby state that I am the owner or have control of the animal described above and surrender the animal to Humane Society Hastings Prince Edward. All questions have been answered truthfully and to the best of my knowledge.

Name(s) of Owner: _____

Signature: _____

Date: _____

HSHPE Representative: _____