



# OWNER SURRENDER FORM - CANINE



**This box for SHELTER STAFF:**  Vet Contacted? Notes: \_\_\_\_\_  
 Checked for duplicates  Complete? If not, assist  Signatures

## Owner Information

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Alt Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Animal Information - General

Name: \_\_\_\_\_ Breed(s): \_\_\_\_\_ Age: \_\_\_\_\_ Color(s): \_\_\_\_\_

My dog is a  Male  Female and is  Neutered  Spayed  Not fixed and has a  microchip  tattoo  none

Has this dog bitten anyone in the last 10 days?  Yes  No If yes, on what date? \_\_\_\_\_

Has this dog ever been licensed in our County or been in our shelter before?  Yes  No If yes, check all that apply:

- Has been licensed
- Adopted from here (approx date: \_\_\_\_\_)
- Redeemed (picked up) from shelter after getting out, running loose, etc (approx date: \_\_\_\_\_)

Where did you acquire your dog? \_\_\_\_\_ If other rescue/shelter, please list: \_\_\_\_\_

How long has this dog lived with you? \_\_\_\_\_ How many homes has this dog had prior to you? \_\_\_\_\_

If dog had other previous homes, please describe: \_\_\_\_\_

Why are you surrendering the dog? Check all the apply and explain:

- Behavioral problems (please explain: \_\_\_\_\_)
- Health issues, yours or the dog's (please explain: \_\_\_\_\_)
- Family Issues (please explain: \_\_\_\_\_)
- Time commitment (please explain: \_\_\_\_\_)
- Other: \_\_\_\_\_

## Animal Information - Medical

Please list any Veterinarian offices this dog has been to: \_\_\_\_\_

Could this dog be listed under any other Dog Name or Owner Name? If so, specify: \_\_\_\_\_

Has this dog ever received any vaccinations?  Yes  No Approx date: \_\_\_\_\_

Is your dog currently on flea/tick prevention?  Yes  No If so, date of last dose: \_\_\_\_\_

Is your dog currently on heartworm prevention?  Yes  No If so, date of last dose: \_\_\_\_\_

Does this dog have any medical issues?  No  Yes, please explain: \_\_\_\_\_

Does this dog take regular medication?  No  Yes, please list: \_\_\_\_\_

What food does this dog typically eat? \_\_\_\_\_ Favorite treats/food? \_\_\_\_\_

# OWNER SURRENDER FORM - CANINE

## Animal Information – Behavioral

Does your dog have any of the following behavioral issues? **Please explain each issue.** Please be honest so we know what to work with.

- Separation or other anxiety, explain: \_\_\_\_\_
- Chewing, explain: \_\_\_\_\_
- Excessive barking, explain: \_\_\_\_\_
- Escaping/digging, explain: \_\_\_\_\_
- Inappropriate urinating/defecating, explain: \_\_\_\_\_  
If so, how often?  Daily  Weekly  Occasionally  Urine only  Feces only  Both
- Chasing (cars, animals, livestock, people) explain: \_\_\_\_\_
- Overly protective (hours, yard, family, etc), explain: \_\_\_\_\_
- Jumping up, explain: \_\_\_\_\_
- Biting, explain: \_\_\_\_\_
- Aggression, explain: \_\_\_\_\_
- Severe fear (of loud noises, objects, people), explain: \_\_\_\_\_
- Other, explain: \_\_\_\_\_
- My dog has none of these issues.

Describe your dog's personality (check all that apply):

- Friendly  Shy  Independent  Fearful  Playful  Affectionate  Aloof  High energy  Aggressive

Is there anything your dog is especially afraid of?: \_\_\_\_\_

Is your dog sensitive about handled (i.e., ears, feet, etc)?: \_\_\_\_\_

Where does the dog spend most of their time?  Inside  Outside  Inside/outside

Do you have a fenced-in yard?  Yes  No, how was the dog contained?: \_\_\_\_\_

How many hours/day is your dog in the yard each day?: \_\_\_\_\_

How many hours is your dog left alone in your home alone? \_\_\_\_\_ Is your dog crate trained?  Yes  No

How does your dog ride in a car? (i.e., in a crate only, gets car sick, rides free, nice manners, etc?): \_\_\_\_\_

What does your dog do when:

A visitor comes into the house?: \_\_\_\_\_

A stranger approaches you on a walk?: \_\_\_\_\_

Someone goes near the food bowl when they are eating?: \_\_\_\_\_

Someone tries to take away toys, treats, bones, anything of value?: \_\_\_\_\_

Has your dog lived with children or are they regularly around them?  No  Yes, what ages? \_\_\_\_\_

How is your dog around children? (Check all that apply):

- Gentle  Avoids Children  Friendly/Playful  Indifferent
- Unpredictable  Nervous/Scared  Snappy/Aggressive  Excited  Can play too rough  No different than adults

## OWNER SURRENDER FORM - CANINE

Has your dog ever growled at you or anyone else?  No  Yes, explain situation: \_\_\_\_\_

Has your dog ever snapped at you or anyone else?  No  Yes, explain situation: \_\_\_\_\_

Has your dog ever bitten (broken skin) you or anyone else?  No  Yes, explain situation: \_\_\_\_\_

What other animals has your dog lived with?  Cats  Dogs  Other: \_\_\_\_\_

When it comes to cats, this dog is:  friendly/playful  tolerant/peacefully coexist  avoidant  aggressive

How does your dog react when it sees: another dog?: \_\_\_\_\_ an outdoor cat?: \_\_\_\_\_

How does your dog interact with other dogs? Check all that apply:

Good with all dogs  Good with most dogs  Can be selective, explain: \_\_\_\_\_

Not good with other dogs  Has fought another dog before, explain: \_\_\_\_\_

How would you describe their behavior when around other dogs? Check all that apply:

Friendly/playful  Nervous/Frightened  Excited  Over Excited  Unpredictable  Snappy/Aggressive

Indifferent  Dominant  At ease/calm  Can play too rough  No different than adults

Would you recommend placing this dog in a home with dogs?  NO  YES

Would you recommend placing this dog in a home with cats?  NO  YES

Would you recommend placing this dog in a home with livestock (chickens, goats, etc)?  NO  YES

Would you recommend placing this dog in a home with kids?  NO  YES (circle one: 0-4 yrs 5-8yrs 9+yrs)

What is their best quality?: \_\_\_\_\_

What is their worst quality?: \_\_\_\_\_

Is there anything else you want us to know?: \_\_\_\_\_

### IMPORTANT – PLEASE READ:

If this animal is deemed *not* adoptable by shelter staff, and at risk of euthanasia, I would be willing to take animal back. If yes, I understand that shelter staff will attempt contact with me, and can hold animal for no longer than 24 hours from attempted contact.  YES, PLEASE CONTACT ME.  NO, I DO NOT WISH TO BE CONTACTED.

I, \_\_\_\_\_, do hereby release the above animal to Josephine County Animal Protection & Regulation. I certify that I am the sole owner of this animal (or that I am authorized by the owner to act in his/her behalf). I understand that Josephine County Animal Protection & Regulation may offer this animal for adoption or may euthanize the animal at their sole discretion and in accordance with Oregon state law. I assume complete responsibility, and release and hold harmless, Josephine County Animal Protection & Regulation, its employees, and Josephine County from any and all liability relating to the disposition of this animal and the decisions made thereto. I acknowledge any knowingly false statement herein might subject me to criminal sanctions per ORS 162.085.

Owner Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Shelter Staff \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_