



Dog Surrender Form

Intake # _____

Date _____

Dog
Infor
matio

Owner Information

Primary Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Driver's License # _____ Exp Date _____

Are you age 18 or older? Yes No Are you age 65+? Yes No

n

Name: _____ Age: _____ Sex: _____ DOB: _____

Color: _____ Breed/Mix: _____

Micro-chipped: _____ Mfg/# _____

How long has the dog been in your care? _____ Are you the original owner? _____

Reason for surrender: _____

	Yes / No	Date	Description
Rabies			Tag #
Distemper / Parvo			
Bordetella			
Heartworm Test			Positive / Negative
Heartworm Preventative			
Flea/Tick Preventative			
Spay/Neuter			

Veterinarian: _____ Phone: _____

Last Visit: _____ Other Medical History: _____

Has the dog scratched or bitten a person in the last ten (10) Days? _____

If yes, who: _____ Date: _____ City: _____

Were the authorities involved? _____ Details _____

Has the dog ever: Bitten Scratched Lunged Attached None

Explain: _____

Has the dog lived with children? Yes No

If yes, what ages _____

Has the dog lived with other dogs? Yes No

If yes, describe other dogs: _____

Has the dog lived with cats? Yes No

Has the dog ever killed a farm, wild or domestic animal? Yes No

If yes, describe _____

Check all of the following that describe the dog: Very Active Couch Potato

Barks Quiet Playful Friendly Shy

Fence Jumper ___ft Affectionate Fearful Digger

Likes to be touched Independent Protective

Indoor dog Outdoor dog Nervous House trained

Crate trained Worked livestock Used for hunting Chewer

Dislikes Men Dislikes women Separation anxiety Fear of Thunder

Likes car rides Leash walks Obedience trained Perform tricks

If obedience trained, what commands does the dog understand? _____

Where is the dog kept during the day? _____ At night? _____

What are the dogs' favorite activities? _____

What type of food do you feed the dog? _____

Describe anything else a future owner should know about this dog: _____

My signature below certifies that I am the owner of, or have the authority to surrender the above named animal to the Humane Society of Jackson County (HSJC). I hereby relinquish all rights of ownership and any right to information on the disposition of the above named animal. I am also aware the animal may be humanely euthanized if behavioral

and/or medical problems render this animal unsuitable for adoption. I have disclosed all information about the animal concerning health, behavior, history and anything else that may affect the safe placement of the animal in a new home. I attest that all statements made above are true and correct.

_____ Signature of Owner

_____ Date

_____ HSJC Representative

Vet Records Received

Rabies Certificate Received

Copy of Driver's License Received