

Dog Surrender Inquiry

Animal Name: _____ Date: _____

Owner Full Name: _____ Phone Number: _____

What Township/Municipality are you in? : _____

Gender: Male / Female Spayed/Neutered: Yes / No

Current on Vaccinations: Yes / No / Not sure

Bitten: Yes / No

Age: _____ Breed: _____ How long owned: _____

Where did you get the dog? _____

Why do you need to surrender: _____

Is the dog good with:

Dogs Y / N; Explain: _____

Cats Y / N; Explain: _____

Kids Y / N; Explain: _____

What is this dog's current daily routine? (Hours left alone, crate trained/free roam of the house, etc.) _____

Health concerns / history (be specific): _____

What else would you like us to know about this dog? (Behavior issues, tricks, etc.)
