



CANINE OWNER SURRENDER FORM

We ask a \$25.00 donation to help us care for the animal while it's here.

A COPY OF YOUR DRIVERS LICENSE IS REQUIRED

Today's Date: _____

Animal Name: _____ Sex: _____ Age: _____

Breed: _____ Color: _____

Did you adopt this dog from LPCHS? Yes No Spayed/Neutered? Yes No Unsure

Owner's Information

NAME: _____

PRIMARY NUMBER: _____ SECONDARY: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I understand that the adoption of this animal may not be possible due to behavioral or health concerns that cannot be treated, and that euthanasia may become necessary. In the unlikely event that euthanasia becomes a possibility, would you like to be contacted to have the animal returned to you?

YES NO

If we could help you resolve the issues surrounding the surrender of your dog, would you be interested in keeping your animal?

If yes, please **STOP here and speak with a staff member.**

Please answer the following questions as completely as possible.

About Your Dog's History

How long has your dog lived with you?

Including your home, how many homes has your dog had?

Where did you acquire this dog?

- | | |
|---|--|
| <input type="checkbox"/> LPCHS | <input type="checkbox"/> Born in my home |
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Breeder |
| <input type="checkbox"/> Free to good home ad | <input type="checkbox"/> Another Shelter |
| <input type="checkbox"/> Found as a stray | Which one? |
| <input type="checkbox"/> Pet store | <input type="checkbox"/> Other |

Why are you surrendering this dog to the shelter?

About Your Dog's Health

Has your dog ever been seen by a Veterinarian? Yes No Unsure

Name of Clinic: _____

Is your dog up to date on their vaccinations? Yes No Unsure

What previous medical concerns, or injuries does your dog have?

Does your dog take any medications? Yes No

If yes, what?

About Your Dog's Habits

Where does your dog spend the day?

Is your dog

- Indoors, except to potty
- Outside during the day, in at night
- Outside 24 hours

At night, my dog sleeps:

- Inside, on the floor or dog bed
- Inside, in bed with people
- In a crate
- In a garage or basement
- Outside

My dog has accidents in the house:

- Frequently
- Occasionally
- Never

While outside, my dog was:

- Not confined, allowed to run loose
- In a fenced yard
Fence height: _____
- Only walked on leash
- Tied up on chain or cable
- Other

What type of exercise did your dog receive?

- Daily walks
- Walked 1-3 times a week
- Occasional walks or trips to dog park
- Put out in fenced yard
- No regular exercise
- Other

About Your Dog's Temperament

How does your dog behave around other dogs?

- Friendly, no fighting
- Nervous or fearful
- Playful or excited
- Calm or easygoing
- Didn't really care
- Aggressive
- Unsure
- Other

How does your dog behave around cats?

- Never been around cats
- Friendly, easygoing
- Didn't really care
- Nervous or fearful
- Chases them
- Unsure
- Other

Has your dog ever been around children? Yes No
How did they interact?

Has your dog ever been destructive in the home? Yes No
If yes, explain.

Has your dog ever bitten anyone and broken skin? Yes No
If yes, please explain the incident.

Has your dog ever injured or killed a cat or any other animal? Yes No Unsure
If yes, explain.

How does your dog behave around strangers or visitors in your home?

- | | |
|---|--|
| <input type="checkbox"/> Excited or friendly | <input type="checkbox"/> Timid, but will gradually warm up |
| <input type="checkbox"/> Jumps up on them | <input type="checkbox"/> Protective of you or family members |
| <input type="checkbox"/> Submissive or fearful | <input type="checkbox"/> Other |
| <input type="checkbox"/> Sticks close to you, nervous | |
| <input type="checkbox"/> Runs and hides, doesn't come out | |

What is your dog afraid of? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Thunderstorms | <input type="checkbox"/> Restraint |
| <input type="checkbox"/> Loud noises (fireworks, gunshots) | <input type="checkbox"/> Going to the vet |
| <input type="checkbox"/> Vacuums | <input type="checkbox"/> Strangers |
| <input type="checkbox"/> Being alone | <input type="checkbox"/> Men |
| <input type="checkbox"/> Sudden movement | <input type="checkbox"/> Women |
| <input type="checkbox"/> Car rides | <input type="checkbox"/> Children |

What behaviors do you consider a problem, and in need of work?

Is your dog sensitive about being touched or handled in any way? Yes No
If yes, explain.

Please feel free to provide any other information that could be helpful to shelter staff or potential adopters.

I hereby relinquish any and all interests and rights of ownership of this animal described above in favor of the La Plata County Humane Society. I certify that to the best of my knowledge, all the information on this form is true and correct, and the animal has not bitten anyone in the past ten days.

Signature: _____ Date: _____