



CANINE OWNER SURRENDER FORM

We require a surrender fee, \$50 per Animal or \$100 per litter

A COPY OF YOUR DRIVER'S 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

HAS THIS ANIMAL HAD ANY VOMITING, DIARRHEA, OR ANY OTHER HEALTH CONCERNS?
IF SO, PLEASE EXPLAIN

Owner's Information

NAME: _____

PRIMARY NUMBER: _____ SECONDARY: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

We use every resource available to successfully rehome animals surrendered to our care, including behavior modification. I understand that adoption of this animal may not be possible due to health or intense behavioral concerns that cannot be treated and that euthanasia may become necessary. Knowing that euthanasia may become a possibility, do you still wish to surrender the animal to La Plata County Humane Society?

☐ 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 for assistance.

About Your Dog's History

Where did you acquire this dog?

☐ LPCHS

☐ Born in my home

☐ Friend/Relative

☐ Breeder

☐ Free to good home ad

☐ Another Shelter

☐ Found as a stray

Which one?

☐ Pet store

☐ Other

How long has your dog lived with you?

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

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: _____

Phone Number: _____

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

Does your dog take any medications? ☐ Yes ☐ No

Has your dog ever had surgery? ☐ Yes ☐ No ☐ Unsure

If yes, why?

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

If yes, what?

About Your Dog's Habits

Where does your dog spend the day?

Is your dog (check all that apply)

- ☐ 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
- ☐ Only walked on leash
- ☐ In a fenced yard
- ☐ Tied up on chain or cable
- Fence height: _____
- ☐ Other

What type of exercise did your dog receive? (check all that apply)

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

About Your Dog's Temperament

How does your dog behave around other dogs?

☐ Friendly, no fighting

☐ Didn't really care

☐ Nervous or fearful

☐ Aggressive

☐ Playful or excited

☐ Unsure

☐ Calm or easygoing

☐ Other

How does your dog behave around cats?

☐ Never been around cats

☐ Nervous or fearful

☐ Friendly, easygoing

☐ Chases them

☐ Didn't really care

☐ 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.

Is your dog sensitive about being touched or handled in any way? ☐ Yes ☐ No

If yes, explain.

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

☐ Excited or friendly

☐ Runs and hides, doesn't come out

☐ Jumps up on them

☐ Timid, but will gradually warm up

☐ Submissive or fearful

☐ Protective of you or family members

☐ Sticks close to you, nervous

☐ Other

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

☐ Thunderstorms

☐ Restraint

☐ Loud Noises (Fireworks, Gunshots)

☐ The vet

☐ Vacuums

☐ Strangers

☐ Being alone

☐ Men

☐ Sudden movement

☐ Women

☐ Car rides

☐ Children

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

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, the animal has not bitten anyone in the past ten days.

Signature: _____ Date: _____

