



# DOG SURRENDER FORM

ID # \_\_\_\_\_

The information you provide on this form will help us match your dog with an appropriate new home. Please be honest in your answers. Lillian Allbon Animal Shelter accepts dogs based on space available and temperament assessment. Available space may delay response to this application for 2 to 3 weeks. Surrender assessments are done by appointment. Although we cannot guarantee we will accept your dog, please come to a surrender appointment prepared to surrender your dog at that time.

### Owner

Address: \_\_\_\_\_

Day Ph: \_\_\_\_\_

City: \_\_\_\_\_

Evening Ph: \_\_\_\_\_

Province: \_\_\_\_\_

Cell Ph: \_\_\_\_\_

Post Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Dog

Dogs Name: \_\_\_\_\_

Sex: Male Female

Breed: \_\_\_\_\_

Spayed/Neutered: YES NO

Est. DOB: \_\_\_\_\_

Colour: \_\_\_\_\_

Are you the main companion to this animal? YES NO

To the best of your knowledge, is there anyone else that may lay a claim as guardian or companion to this animal? YES NO

If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

## REASON FOR SURRENDER

**EXPLAIN:**

\_\_\_\_\_

\_\_\_\_\_

**I certify that this animal is in good health and has no severe behavioural problems. If the animal is proven non adoptable due to health or behavioural problems, these problems will be discussed between L.A. Animal Shelter and our veterinarian and a decision will be made as how to proceed with the problem. Please note that euthanasia might be the only option, despite our no kill policy. I understand that any surrender fees received by Lillian Allbon Animal Shelter will not be refunded.**

*Please review and sign below acknowledging the following:*

**I am the owner of this animal or the owner's representative acting upon the owner's consent. I understand that I will be charged a non-refundable fee to admit this animal to the Lillian Allbon Animal Shelter for evaluation. If I attempt to reclaim this animal, I will be charged a redemption fee. Animals with illness or contagious disease, animals with age-related problems, and animals that pose a health or safety risk to people or other animals and cannot be handled safely are not candidates for our adoption program and may be humanely euthanized. Sometimes health, age, or behavioral problems present after admission, or our veterinarian/staff discover them upon examination or evaluation.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## REQUIRED ANIMAL INFORMATION

1. How long have you had this animal? \_\_\_\_\_
2. Where did you get this animal?
  - a. Family/Friend
  - b. Breeder
  - c. Found
  - d. Classified/Newspaper
  - e. Animal Shelter: please specify \_\_\_\_\_
  - f. Pet Store
  - g. Other \_\_\_\_\_
3. Vaccinated? YES NO
4. If so, can you provide us with the vaccination certificate? YES NO
5. Spayed/neutered? YES NO
6. De-wormed? YES NO If yes, date of last de-worming/treatment: \_\_\_\_\_
7. Does your pet have any allergies? YES NO DON'T KNOW
8. Is your dog micro-chipped? YES NO
9. Has been to a veterinarian: YES NO If YES, name of Veterinarian clinic: \_\_\_\_\_
10. When was your dog last to a veterinarian? \_\_\_\_\_
11. My dog has the following health concerns: \_\_\_\_\_
12. My dog is currently on this medication: \_\_\_\_\_

### Animals Environment

Is your dog:

An outside dog? Lives outside Lives inside  
House trained? YES NO Crate trained? YES NO  
Paper-trained? YES NO Leash trained? YES NO  
Litter trained? YES NO

Number of people in your household: \_\_\_\_\_

Gender(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

My dog currently lives with: Other Dogs Cats or Other Animal(s): \_\_\_\_\_

Does your dog get along well with these animals? YES NO

### Animal History

Was this your first dog? YES NO

Has this dog received any kind of training? YES NO

If so, what kind? Obedience Agility Rescue Attack Other: \_\_\_\_\_

With who? \_\_\_\_\_

### Household Story

Is your dog left alone? YES NO If YES, for how long? \_\_\_\_\_

While I'm away from the house, my dog is kept:

Loose in the House Loose in the Yard  
Chained in the Yard In a Crate  
In an Outdoor Kennel Restricted to One or Two Rooms

When left alone, my dog: (circle all that apply)

Barks Chews Furniture  
Scratches on Doors or Windows Chews Personal Items  
Defecates/Urines in the House

Where is the best place to keep your dog when he/she is left alone? \_\_\_\_\_

## Activities & Hobbies

What is your dog's favourite game to play? \_\_\_\_\_  
Do you have a fenced yard? YES NO How high is your fence? \_\_\_\_\_  
Does your dog fetch? YES NO  
Does your dog go off leash? YES NO  
Does your dog get walked? YES NO If so, how many minutes per day? \_\_\_\_\_  
What type of collar do you use when you walk your dog?

Ordinary collar                      Choke chain  
Pinch                                      Gentle leader

Does your dog wander off? YES NO  
Does your dog play by himself/herself? YES NO  
Will your dog come when you call him? YES NO  
Does your dog ever meet new dogs on his walks? YES NO  
If YES, what is your dog's reaction? \_\_\_\_\_  
Do you let your dog: Sniff Touch Play with these new dogs? YES NO  
When your family is eating a meal, where is your dog? \_\_\_\_\_  
If you are in your living room watching TV, where is your dog? \_\_\_\_\_  
Has this dog ever lived with other dogs? YES NO  
If so, how does your dog behave around them? \_\_\_\_\_  
How does your dog behave around the children? \_\_\_\_\_  
Is your dog rough? YES NO SOMETIMES  
Is your dog mouthy? YES NO

## Your Dog's Habits

When guests /visitors/Purolator or service people come to the door, where is your dog kept?

Outside Crate      Room      Free      Held by collar or leash

How long does it take your dog to calm down when someone comes to the house? \_\_\_\_\_

My dog goes outside to urinate and defecate:

Always              Sometimes              Never

If sometimes or never, please give us more information: \_\_\_\_\_

How often does s/he go outside? \_\_\_\_\_

When s/he eliminates in the house, does s/he urinate, defecate, or both? \_\_\_\_\_

How does your dog tell you when s/he needs to go out? \_\_\_\_\_

## Helpful Information

What are your dog's best qualities? \_\_\_\_\_

What are your dog's worst habits? \_\_\_\_\_

Who does your dog listen to the most in the household? Why? \_\_\_\_\_

How is your dog best disciplined? \_\_\_\_\_

What kind of naughty things does your dog do that you've needed to discipline him/her for? \_\_\_\_\_

If you could change one of your dog's bad habits, what would it be? \_\_\_\_\_

My dog knows the following commands: (circle all that apply)

Sit      Lie      Down      Stay      Wait      Heels on Leash      Come

What commands would be helpful to teach your dog before he goes to another home? \_\_\_\_\_

What are some of the cutest and nicest things about this dog? \_\_\_\_\_

Has your dog even been swimming? YES NO

If YES, did s/he enjoy it? YES NO

**Behaviour**

Has your dog shown any aggression toward animals? YES NO

If yes, when? \_\_\_\_\_

**Aggression:** (growling, snarling, lip curling, biting, snapping, fighting)

Does your dog get along with: MALE dogs FEMALE dogs or BOTH

Has your dog ever been in a dogfight that caused injuries serious enough to send either to the vet?

EXPLAIN: \_\_\_\_\_

Does your dog get along with cats? YES NO

Does your dog chase cats? YES NO SOMETIMES

Has your dog ever shown aggression toward humans? YES NO

IF YES, when? \_\_\_\_\_

Does your dog like children? YES NO Specific Ages? \_\_\_\_\_

Does your dog guard its food or toys from other dogs/people? YES NO

Does your dog guard its food or toys from other dogs/people? YES NO

Can you easily take toys, food, or bones out of your dog's mouth? YES NO

Does your dog chew on inappropriate items? YES NO

Does your dog get into garbage or up onto the counter? YES NO

When your dog is alone, is it destructive? YES NO

EXPLAIN: \_\_\_\_\_

What scares your dog? \_\_\_\_\_  
(EXAMPLES: thunderstorms, separation, being grabbed from behind, other dogs, strange men, young children)

What does your dog do when scared? \_\_\_\_\_

When and what causes your dog to bark? \_\_\_\_\_

Does your dog run away? YES NO When was the last time(s)? \_\_\_\_\_

Does your dog: Chase cars Chase Bicycles Chase joggers Chase Animals

Does your dog: Sleep in house Sleep outside in a dog house Sleep on bed or furniture

Are there any problems getting the dog off of furniture/your bed? Growling, snapping, etc? \_\_\_\_\_

Like riding in a car? YES NO

Get car sick? YES NO

Like to be groomed (bathed)? YES NO

Please add any additional information you think a new owner should know: \_\_\_\_\_

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INTAKE COMPLETED BY: \_\_\_\_\_ & \_\_\_\_\_

DATE: \_\_\_\_\_