

# atlanta humane society

## Dog Owner Surrender & Relinquishment Form

Has this animal bitten anyone within the past 10 days?  YES\*  NO

Date of Bite: \_\_\_\_\_

\*If yes, please explain \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Dog's Age: \_\_\_\_\_

Reason for Surrender: \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_ Length owned: \_\_\_\_\_

Describe your dog:  A Family Dog  For Adults Only  One Person Dog  Good with Everyone

Good with Older Children  Other \_\_\_\_\_

My dog has lived with:  Other Dog(s)  Cat(s)  Kids (what age) \_\_\_\_\_

Describe your dog's behavior around kids:  n/a  Ignores  Gentle/Respectful  Plays gently  Plays rough

Chases  Frightened  Growls/Snaps

Describe your dog's behavior around cats:  n/a  Ignores  Chases for fun  Chases to harm

Frightened  Playful  Aggressive

Describe your dog's behavior around other dogs:  n/a  Friendly/playful  Frightened  Ignores

Dominant  Submissive  Aggressive (explain) \_\_\_\_\_

Does your dog go outside to urinate and defecate?  Always  Sometimes\*  Never\*

\*if sometimes or never, please explain: \_\_\_\_\_

How often does your dog go outside? \_\_\_\_\_

Is your dog crate trained?  Yes  No

When you're away from the house, your dog is:  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

For how many hours at a time is your dog left unattended? \_\_\_\_\_

When left alone, your dog (check all that apply):  Barks  Chews Furniture  Scratches doors/windows

Chews personal items  Defecates/urinates in the house

I would describe my dog as (check all that apply):  Friendly  Playful  Active  Curious

Lap loving  Social butterfly  Mellow  Stubborn  Loner  Protective

My dog enjoys:  Agility  Being home alone  Car rides  Climbing  Digging  Fetch

Hiding  Quiet time  Running  Toys  Tug  Walks  Water

My dog is afraid of:  Children  Being Alone  Car Rides  Cars on the Street  Men

Thunderstorms  Women  Water  Uniforms  Strangers

My dog knows the following commands (check all that apply):  Sit  Stay  Down  Shake/Paw

Heels on leash  Other: \_\_\_\_\_

Dog's Activity Level:  Low  Moderate  High Dog's Vocalization Level:  Low  Moderate  High

Dog's Off Leash Behavior:  Unknown  Completely Reliable  Somewhat Reliable  Not at all reliable

Dog's Training History:  Unknown  None  Minimal  Some  Extensive

My dog is great because he/she: \_\_\_\_\_

Animal ID: \_\_\_\_\_

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

PetPoint Entered By: \_\_\_\_\_