



# Dog Surrender Request

**\*\*PLEASE PRINT CLEARLY\*\*\***

Date of Request \_\_\_\_\_

## OWNER's INFORMATION

1.) Owner's name: \_\_\_\_\_

2.) Owner's address: \_\_\_\_\_

3.) Owner's email: \_\_\_\_\_

4.) Owner's phone: \_\_\_\_\_ **Is texting OK?**  Yes\*  No

*By checking YES above, you agree to receive recurring messages from Humane Society of Sedona; Reply STOP to opt out; Reply HELP for help; Message frequency varies; Message and data rates may apply; Carriers are not liable for delayed or undelivered messages*

5.) Are you a Sedona resident?

Yes

No- have you reached out to your local shelter?

Yes- Name of shelter you reached out to: \_\_\_\_\_

No

6.) What have you done so far to re-home your cat on your own? Check all that apply:

Facebook  Flyers  Friends  Family  Co-workers  HSS Courtesy Post Request

Adopt-A-Pet.com Profile  NextDoor  Home-to-Home Profile

Other: \_\_\_\_\_  None of the above

## DOG'S INFORMATION

1.) Dog's Name: \_\_\_\_\_

2.) Age: \_\_\_\_\_

3.) Sex  Male  Female  Unknown

4.) Breed: \_\_\_\_\_

5.) Why are you surrendering your dog? \_\_\_\_\_

➤ If we could help you resolve this issue would you be interested in keeping your dog?  Yes  No

6.) How long has your dog lived with you? \_\_\_\_\_

7.) Spayed/neutered?  Yes  No  Unknown

8.) Microchipped?  Yes  No  Unknown

9.) Current Picture- *Please check which of these you have completed (Required):*

A printed photo or picture

An emailed picture to [info@humaneocietyofsedona.org](mailto:info@humaneocietyofsedona.org)

## Lifestyle and Home Life

1.) How much of the time was your dog kept outside? \_\_\_\_\_ Inside? \_\_\_\_\_

2.) How many hours a day on average did the dog spend unsupervised? \_\_\_\_\_

3.) When left home alone, what did your dog have access to?

- N/A- never left home alone
- Free roaming whole house
- Only a few areas: \_\_\_\_\_
- Kept in a crate- Type of crate: \_\_\_\_\_
- Other: \_\_\_\_\_

4.) Where has your dog been allowed? *Check all that apply:*

- Inside House
- Patio
- Fenced Yard
- Car
- Garage

5.) Is your dog used to being allowed on: *Check all that apply:*

- Furniture
- Beds
- Only on the floor

6.) Where was your dog used to sleeping? *Check all that apply:*

- In Owner's Room
- In Owner's Bed
- Doghouse
- Garage
- Other: \_\_\_\_\_

7.) How would you describe your household?  Active  Noisy  Quiet  Average

8.) Is your dog frightened of anything? *Check all that apply:*  Men  Children  Thunder

- Fireworks
- Vacuums
- Feet
- Water
- Other: \_\_\_\_\_

9.) What ages of people lived with your dog? *Check all that apply:*

- Adult Men
- Adult Women
- Seniors
- Older Children (8+ years old)- Please list ages: \_\_\_\_\_
- Young Children (7 years and under)- Please list ages: \_\_\_\_\_

10.) How would you describe your dog's behavior around children?

- Friendly
- Playful
- Tolerant
- Afraid
- Shy
- Aggressive

11.) How does your dog react to visitors? \_\_\_\_\_

12.) Has your dog LIVED WITH other dogs?

- Yes- how did they interact? *Check all that apply:*  Adored each other
- Slept near each other  Avoided each other  Groomed each other
- Afraid of each other  Played with each other  Peacefully coexisted
- Ignored each other  Fought without injuries  Chased by other dog

This dog chased the other dog  
 Other \_\_\_\_\_  
 No

**13.) What types of animals does your dog get along with? Check all that apply:**

Dogs (male)  Dogs (female)  Cats  Birds  Livestock  Other: \_\_\_\_\_

**14.) What types of animals doesn't your dog get along with? \_\_\_\_\_**

**15.) Does your dog chase anything?**

Yes- Check all that apply:  People  Children  Cats  Livestock  
 Cars  Bicycles  Other: \_\_\_\_\_  
 No

**16.) Has your dog ever injured another animal?**

Yes- Please describe: \_\_\_\_\_  
  
 No

**17.) Does your dog have any bad behaviors the new owners should be aware of?**

Yes- please complete the items below:  
 ► Please describe: \_\_\_\_\_  
  
 ► What have you done to correct the problem? \_\_\_\_\_  
  
 No

**18.) What type(s) of training has your dog had? Check all that apply:**

Obedience Class  Home Training  Professional  None

**19.) Does your dog know how to? Check all that apply:**

Sit  Stay  Come  Lie Down  Walk on Leash  Other: \_\_\_\_\_  None

**20.) Does your dog know any tricks?**

Yes- Please describe: \_\_\_\_\_  
  
 No

**21.) Please tell us about your dog's favorite toys and activities: \_\_\_\_\_**

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**22.) Is your yard fenced?**

Yes- *please complete the items below:*

► How high is the fence? \_\_\_\_\_

► What is the fence made of? \_\_\_\_\_

► Has your dog ever escaped from your yard?

Yes- *please complete the items below:*

❖ How did your dog escape? *Check all that apply:*

Jumps Fence  Chews Through  Charges gate when opened

Digs Out  Other: \_\_\_\_\_

❖ When did your dog escape?  When alone  All the time

Other: \_\_\_\_\_

No

No- How did you keep your dog confined to your property? \_\_\_\_\_

**23.) Is your dog house trained/house broken?  Yes  No  Mostly****24.) How often did your dog have accidents in the house?**

Once a Day  Once a Week  Never  Every Time inside House

**25.) What kind of potty training have you tried? *Check all that apply:***

Potty pad  Crate  Other: \_\_\_\_\_  None

**Medical History****1.) Is your dog up to date on these vaccinations?**

Rabies?  Yes- Date given: \_\_\_\_\_ Where? \_\_\_\_\_

No

DA<sub>2</sub>PP?  Yes- Date given: \_\_\_\_\_ Where? \_\_\_\_\_

No

Bordetella?  Yes- Date given: \_\_\_\_\_ Where? \_\_\_\_\_

No

**2.) Name of your dog's veterinarian:** \_\_\_\_\_

**3.) Phone number of your dog's veterinarian:** \_\_\_\_\_

**4.) When did your dog last see a veterinarian?** \_\_\_\_\_

**5.) Does your dog have any old injuries or health problems?**

Yes- Describe: \_\_\_\_\_

No

Not sure

**6.) Has your dog been diagnosed with and/or treated for any of the following?**

Check all that apply:  Allergies  Tumors  Kennel Cough  Heart murmur  
 Epilepsy or seizure  Heart murmur  Thyroid disease  Urinary tract infection  
 Diabetes  Skin condition  Other: \_\_\_\_\_  
 None of the above

**7.) Does your dog need any medication or special diet?**

Yes- Please list: \_\_\_\_\_  
 No

**8.) Vaccination & Vet Records- Please check which of these you have completed:**

Printed copies of Vaccination Records  
 Printed copies of Vet Records  
 Emailed Vaccination Records to [info@humanesocietyofsedona.org](mailto:info@humanesocietyofsedona.org)  
 Emailed Vet Records to [info@humanesocietyofsedona.org](mailto:info@humanesocietyofsedona.org)

**Dietary Habits**

**1.) What type of food is your dog fed?**  Dry only  Canned only  
 Both Dry and Canned  Other: \_\_\_\_\_

**2.) Brand of food used to:** \_\_\_\_\_

**3.) Is there any type of food your dog will not eat?**

Yes- Describe: \_\_\_\_\_  
 No  
 Not sure

**4.) When was your dog usually fed?**  AM  PM  Free Fed

**Personality**

**1.) How would you describe your dog most of the time? Check all that apply:**

<input type="radio"/> Very active	<input type="radio"/> Friendly to family	<input type="radio"/> Aloof	<input type="radio"/> A clown	<input type="radio"/> Couch potato
<input type="radio"/> Shy to family	<input type="radio"/> Shy to visitors	<input type="radio"/> Playful	<input type="radio"/> Talkative	<input type="radio"/> Affectionate
<input type="radio"/> Independent	<input type="radio"/> Friendly to visitors	<input type="radio"/> Quiet	<input type="radio"/> Lap dog	<input type="radio"/> Aggressive
<input type="radio"/> Withdrawn	<input type="radio"/> Playful	<input type="radio"/> Fearful	<input type="radio"/> Fearless	<input type="radio"/> Solitary

**2.) Has your dog ever growled or snapped at anyone?**

Yes- Please describe: \_\_\_\_\_  
 No

**3.) Has your dog ever bitten anyone?**

Yes- please complete the items below:  
 ► Did it break skin?  Yes  No  
 ► Date: \_\_\_\_\_

► Please describe: \_\_\_\_\_  
 No

**4.) Is your dog accustomed to any of these? Check all that apply:**

Bathing  Nail trimming  Ear Cleaning  Brushing/Combing

**5.) Please list any additional information you would like to add here:**

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**ACKNOWLEDGEMENT & AGREEMENT**

By signing below, I acknowledge, understand and agree to the following: 1.) **I am the legal owner of this animal.** 2.) The placement of an individual animal for adoption is based on an evaluation of his or her health and temperament. 3.) HSS cannot guarantee the rehoming of my pet and that once an animal is placed up for adoption at the Humane Society of Sedona, there is no time limit in which he or she can remain up for adoption. 4.) The surrender fees are \$100 per adult dog and \$30 per puppy. 5.) The disposition of my animal is left entirely to the discretion of the HSS and will in no way hold the HSS responsible for the final disposition of the animal upon surrender. 6.) I relinquish the right to obtain any information about this animal as well as any claims to this animal upon surrender.

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*Signature of person completing this form*

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*Date*

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*Printed name of above person*