



Dog Owner Surrender Intake Application

FOR SHELTER STAFF TO FILL OUT

Dog's Name: _____ Case#: _____

Intake By: _____ Date: _____

Please carefully read this application and answer all of the questions.

The following questionnaire provides us with information about how your dog has behaved in many different circumstances while he or she was living with you. Because your dog is likely to behave in similar ways in its new home, this information will help us find the most suitable home and effectively counsel the new family. Your open and honest answers are very necessary and appreciated so that we can successfully place your dog into the best home.

Owner's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

GENERAL & HOUSEHOLD INFORMATION

Dog's Name: _____ Sex: **Male** **Female** / **Spayed** **Neutered**

Age: _____

Breed: _____ How Long Have You Had Your Dog? _____

Where did you get this dog and do you know any info on the dog prior to you becoming the owner?

Why are you seeking to give up your dog?: _____

What other animals did your dog live with?: _____

What kind of food does your dog eat? How much? _____

Including you, list ages of people living in the house with the dog.

TYPICAL BEHAVIORS

Where does your dog usually go to the bathroom (i.e. outside, piddle pads, in house, etc.)? _____

Does your dog usually have accidents in the house? **YES NO** If yes, how many times per day? _____

Where does your dog usually sleep? (outside, in crate, wherever, etc.) _____

Is he/she allowed on the furniture? _____

How many hours is your dog left alone, without anyone home, during the week?
_____ Hours/Days.

Where does your dog stay during the day/at night? _____

When left alone, does your dog usually show any of the following behaviors (circle all that apply)?

Destroy Household Items Urinate/Defecate Bark/Cry None

When playing, does your dog typically show any of the following behaviors (circle all that apply)?

Jump Growl Bark Bite Lightly Bite Hard

What toys does your dog like? _____

What games does your dog like? _____

Does your dog know any tricks? Please List:

Has your dog ever attended obedience training classes? If yes, who was the trainer? **YES NO**

Has your dog ever been walked on a leash? **YES NO**

Does your dog have problems riding in the car? **YES NO** If yes, please explain: _____

Has your dog ever escaped your property? **YES NO** If yes, please explain how: _____

Please tell us your dog's "bad habits": _____

AGGRESSIVE BEHAVIOR *(Behavior that has EVER happened)*

WE WILL BE CHECKING RECORDS WITH ANIMAL CONTROL TO MAKE SURE THIS IS CORRECT.

Is there any report of your dog **EVER** inflicting a serious bite to a person such as an attack or bite that required medical attention? **YES NO DON'T KNOW**

Is your dog ever aggressive towards: **MEN WOMEN CHILDREN**

If you circled any of the following, please explain:

Has your dog ever shown aggression in any of these situations? Check all that apply.

	Yes	No
Was the aggressive behavior over food?		
Was it over bones or rawhides?		
Was it over other toys?		
Was it over stolen objects?		
Was it when the animal was disturbed while sleeping?		
Was it when the animal was being handled (brushing, touching feet, cutting nails, bathing, ear cleaning, etc)?		
Was it when the adult or child reached for the animal or tried to pick it up?		

MEDICAL HISTORY *A complete medical history must be provided prior to intake, and you may be required to get your dog up to date on vaccines prior to intake.*

Has your dog seen a veterinarian yearly? **YES NO** Has your dog ever seen a vet? **YES NO**

Veterinarian's Name: _____

Where was your dog spayed or neutered if applicable? _____

Does your pet have to be muzzled or sedated at the veterinarian or groomer: YES NO

Please list any past or present medical conditions: _____

Is your pet on any medications? YES NO If yes, please specify: _____

By signing below, I hereby surrender my animal to the Porter County Animal Shelter (PCAS) and give up any and all claim to said animal. I certify that the information that I have provided is accurate and truthful to the best of my knowledge. I further acknowledge that completion of this application does not guarantee acceptance of said animal by PCAS. By submitting this application, you give permission for PCAS to investigate and confirm the information provided. You agree that this information can be shared with other humane societies or rescue groups. You also give permission for any veterinarian providing service to said dog to release medical information for any/all of my animals, past and present, to PCAS.

I _____ am the current and legal owner of this dog.
Please Print

Signature

Print Name

Witness

Date: _____

Additional Comments:
