



**443-523-8817**

### **Surrender Application**

We understand that giving up your dog may be a difficult decision, but we realize that in making this choice, you are thinking about your dog's best interest. Please provide as much information as possible. Please be honest; we understand your dog may not be perfect, but the more we know the better we are in being able to find a new home.

#### **Contact Information:**

Full Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Best Time to Contact: \_\_\_\_\_

#### **Dog Information:**

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

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Spayed/Neutered: \_\_\_\_\_

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

Color: \_\_\_\_\_

Weight: \_\_\_\_\_

Microchipped: \_\_\_\_\_

How long have you had the dog: \_\_\_\_\_

How did you acquire the dog (Breeder, shelter, rescue, other): \_\_\_\_\_

### **Medical Summary:**

What veterinarian do you use: \_\_\_\_\_

Vaccinations current: \_\_\_\_\_

Heartworm preventive: \_\_\_\_\_

Any seizure history: \_\_\_\_\_

Allergies: \_\_\_\_\_

Orthopedic issues (hip dysplasia, arthritis, stiffness):  
\_\_\_\_\_

Any known illnesses: \_\_\_\_\_

On any medications: \_\_\_\_\_

Special Diet: \_\_\_\_\_

Any medical conditions not listed: \_\_\_\_\_

**Behavioral Information:**

Housetrained: \_\_\_\_\_

Crate trained: \_\_\_\_\_

Gets along with cats: \_\_\_\_\_

Gets along with other dogs: \_\_\_\_\_

People friendly: \_\_\_\_\_

Good with children: \_\_\_\_\_

Other animals (chickens, horses, etc.) : \_\_\_\_\_

Any aggression issues (dog, people, toy, food):  
\_\_\_\_\_

Bitten anyone: \_\_\_\_\_

Know any basic obedience: \_\_\_\_\_

How does it do in a car: \_\_\_\_\_

What commands does the dog  
know: \_\_\_\_\_

How would you describe the dog's energy  
level: \_\_\_\_\_

Is there anything else you would like to share about the  
dog? \_\_\_\_\_

What do you think would be the perfect home? \_\_\_\_\_