

## ALASKAN MALAMUTE Surrender Questionnaire

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Name:			
Phone:		Best Time To Call:	
Address:		City, State Zip:	
VETERINARY	'INFORMATION:		
Clinic Name:		Phone:	
Address:		City, State Zip:	
behavior, or me behavior tempe and medical i	edical issues, on this erament, or health p ssues caused by	at if you are not 100% truthful about temperament, s questionnaire, and you have not disclosed any and all problems, you will be liable for any actions, behaviors, your non-disclosure (including, but not limited to, nedical issues caused by a gap in health care)?	
, ,	•	ian's records release form or otherwise given your or us to obtain all medical records pertaining to your	
[] Yes	[ ] No		
Are you surrend	dering your dog for [] No	a replacement?	
If yes, what are	the grounds for a r	eplacement?	

If no, why are you surrendering your dog to us?
What have you done in order to prevent surrender (health care, training, etc.)?
Please list any vices or temperament/behavior problems your dog has exhibited, whether or not they are grounds for surrender:
Please list any health problems your dog has suffered from, whether or not they are grounds for surrender:
Is your dog on any sort of regular medication, specialty diet, or supplements? [] Yes [] No:
If yes, please list: