



## 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: \_\_\_\_\_

Do you understand and agree that if you are not 100% truthful about temperament, behavior, or medical issues, on this questionnaire, and you have not disclosed any and all behavior temperament, or health problems, you will be liable for any actions, behaviors, and medical issues caused by your non-disclosure (including, but not limited to, aggression, bites, and attacks, or medical issues caused by a gap in health care)?

Yes                       No

Have you signed your veterinarian's records release form or otherwise given your veterinarian written permission for us to obtain all medical records pertaining to your dog?

Yes                       No

Are you surrendering your dog for a replacement?

Yes

No

If yes, what are the grounds for a replacement?

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If no, why are you surrendering your dog to us?

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What have you done in order to prevent surrender (health care, training, etc.)?

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Please list any vices or temperament/behavior problems your dog has exhibited, whether or not they are grounds for surrender:

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Please list any health problems your dog has suffered from, whether or not they are grounds for surrender:

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Is your dog on any sort of regular medication, specialty diet, or supplements?

Yes

No:

If yes, please list:

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