

OWNER SURRENDER AUTHORIZATION FORM

As the owner of the animal described below, or the duly authorized agent thereof, I hereby relinquish and transfer ownership of this animal to the Franklin County Department of Animal Care and Control.

Has this dog been Court Ordered to be surrendered and/or has this dog been designated 'dangerous' or 'vicious' by an Animal Control Officer?

Yes No

If you checked **yes** for the above, please request an end of life form. The Franklin County Dog Shelter will not place dangerous or vicious dogs for rehoming/alternative placement and the dog will be humanely euthanized. If the court has ordered this dog be euthanized, please provide the court statement.

*******Stop here if Euthanasia Requested or Court Order.*******

<input type="checkbox"/> I am the owner completing this form. <input type="checkbox"/> I am NOT the owner completing this form
Owner's Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____
Description of Animal: Name of Animal: _____ Animal ID: _____ Breed: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed Color(s): _____ Age: _____ License#: 20 _____ Rabies Tag#: _____ Microchipped: <input type="checkbox"/> Yes <input type="checkbox"/> No Chip# _____ Proof of Rabies Vaccination provided: <input type="checkbox"/> Yes- Current <input type="checkbox"/> Yes-Expired <input type="checkbox"/> No

To the best of my knowledge and belief:

This dog has **NOT** bitten any person within the last ten days. This dog has bitten a person during the past ten (10) days.
 Did the Bite occur in Franklin County Ohio Yes No

Person Bitten: _____ Age: _____ Date of Bite: ____/____/____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Phone: _____

Has this dog been designated as Nuisance in an Ohio county: Yes No
 County _____ Year: _____

I am surrendering this animal for the following reason(s):

Behavior towards people Behavior towards other animal(s) Other behavioral reason: (Please describe): _____

Health of the Animal (Please describe): _____

Other reason (Please describe): _____

GENERAL HISTORY

How long have you had your dog? _____ How many other owners has your dog had? _____

Where did you acquire your dog? Franklin County Dog Shelter Other shelter/rescue _____

Friend/Relative Newspaper Found as a Stray Other _____

How many hours a day is your dog: Indoors: _____ Outdoors: _____

When alone, where is your dog kept: Free run of house Confined to a room Crated Other: _____

How many hours a day is your dog left unsupervised: _____ During that time, is your dog: Indoors Outdoors

Is your dog housebroken? Yes No How many hours can he/she "hold it"? _____

How often does your dog have accidents in the house? Daily 1 - 3 x week 1 - 3 x mo

DOG'S BEHAVIORAL INFORMATION

What ages of people have lived with your dog? Men: _____ Women: _____ Children: _____

Please describe your dog's behavior with each of the following:

Men: Friendly Playful **Women:** Friendly Playful **Children:** Friendly Playful
 Tolerant Afraid Tolerant Afraid Tolerant Afraid

Do you recommend your dog living with children? Yes, all children. Older children No

What other animals has your dog lived with? Dogs (# and sex): _____ Cats (# and sex): _____

Do you recommend your dog live with another dog(s)? Yes No

Do you recommend your dog live with a cat(s)? Yes No

Please describe your dog's relationship with each:

Dog(s) in the home:

Plays Avoids Does Nothing Barks
 Fights

Cat(s) in the home:

Plays Avoids Does Nothing Barks
 Chases

Dog(s) outside of the home:

Plays Avoids Does Nothing Barks
 Fights

Cat(s) outside of the home

Plays Avoids Does Nothing Barks
 Chases

Please indicate which adjectives that best describe your dog (select all that apply):

Friendly Unfriendly Affectionate Independent High Energy Couch Potato Fearful

Rough Gentle Quiet Vocal Smart Social Stubborn Eager to Please

Please check any protective or possessive behavior your dog may display when a person touches his/her:

Toys/Treats/Food: Barks Growls Shows teeth Snaps Bites

Does your dog: Jump on people Dig Barks/howls Chases cats Destroys household items

Is your dog fearful of: Strangers Thunderstorms Vacuum Loud noises Other? _____

Do you recommend your dog go to a home with: Many Visitors Few visitors No visitors?

Has your dog ever been involved in a fight with another dog? Yes No

If yes, please provide details including where, when, how often, and extent of injuries: _____

Has your dog ever bitten a person which broke skin? Yes No

If yes, please provide details including where, when, and extent of injuries: _____

Has your dog had any formal training? Yes No

If yes, please provide the trainer name and/or location of training class(es): _____

Has your dog ever displayed signs of separation anxiety: Yes No

DOG'S MEDICAL INFORMATION

Who is your dog's veterinarian? _____ Date of last visit? _____

Does your dog need to be muzzled at the veterinarian? _____

Does your dog have any past or present medical conditions? _____

Is your dog currently on any medications or special diets? _____

MORE HELPFUL INFORMATION

Please use the space below to provide any additional information you would like to share about your dog:

As the owner of the animal described above, or duly authorized agent thereof, I hereby relinquish and transfer ownership of this animal to the Franklin County Department of Animal Care & Control. I have read, understand, and agree to the following:

_____ I am the legal owner, or duly authorized agent, of the animal described above and to the best of my knowledge, the information I have provided on this form is true.

_____ I understand that the Franklin County Department of Animal Care and Control cannot guarantee that my dog will be rescued or re-homed.

_____ I understand that once surrendered, if my dog displays aggressive behavior, has a medical or psychological condition that would make the dog unfit for re-homing, my dog will be humanely euthanized.

Signature of owner: **X** _____ Date: _____ / _____ / _____

For office use only: PID _____ AID _____ Clerk First/Last Name _____ ID provided _____