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. ************************************

I am the owner completing this form.  ☐ 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: ☐ Male ☐ Neutered ☐ Female ☐ Spayed

Color(s): ____________________________
Age: ________________ License#: 20 ________________ Rabies Tag#: ________________

Microchipped: ☐ Yes ☐ No Chip#: ____________________________

Proof of Rabies Vaccination provided: ☐ Yes- Current ☐ Yes-Expired ☐ 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:

      □  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

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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__________

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