

FRANKLIN COUNTY DEPARTMENT OF ANIMAL CARE AND CONTROL  
**OWNER SURRENDER AUTHORIZATION FORM**

- *A shelter is a very stressful environment for any animal and they may display behavior at the dog shelter that is not consistent with what the owner has experienced in their home.*
- *A person may know their dog to be friendly and loving, but in a stressful environment the dog may show signs of aggression.*
- *For public safety reasons Franklin County Department of Animal Care and Control cannot re-home dogs that display any aggressive behavior and may have to be humanely euthanized for this reason.*

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.

<b>Owner's Name:</b> _____ <b>Person ID:</b> _____
<b>Address:</b> _____ <b>City:</b> _____
<b>State:</b> _____ <b>Zip Code:</b> _____ <b>Phone:</b> _____
<b>Signature:</b> _____ <b>Date:</b> _____

<b>Description of Animal:</b> Name of Animal: _____ Animal ID: _____
<b>Breed:</b> _____ <b>Sex:</b> _____ <b>Color(s):</b> _____
<b>Age:</b> _____ <b>License#:</b> 20 _____ <b>Rabies Tag#:</b> _____
<b>Microchipped:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> chip# _____

Has any court ordered this dog to be surrendered for destruction or has this dog been designated a Dangerous or Vicious dog?  
Yes  No

If **Yes**, this dog will be humanely euthanized. If **No**, this dog will undergo a behavioral and medical evaluation after which it may be adopted, transferred to another shelter, sent to a rescue organization, or humanely euthanized.

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

- Court Order  Euthanasia \_\_\_\_\_ (owner initial if checked)
- Aggression (Please describe): \_\_\_\_\_
- Poor Health (Please describe): \_\_\_\_\_
- Other: \_\_\_\_\_

Has your dog been exposed to anyone with coronavirus?  Yes  No

**To the best of my knowledge and belief:**

Has this dog been designated as Nuisance, Dangerous, or Vicious in an Ohio county:  Yes  No

Designation level: \_\_\_\_\_ County \_\_\_\_\_ Year: \_\_\_\_\_

This dog has **NOT** bitten any person within the last ten days.  This dog has bitten a person during the past ten (10) days.

Person Bitten: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Bite: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*\***Stop here if Court Order or Euthanasia requested.**\*\*\*\*\*

Please continue for all other surrender reasons. The more detailed and honest you are, the better we can help your dog.

**HOUSEHOLD 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 \_\_\_\_\_

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

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

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

Please describe your dog's relationship with each:

**Dogs:**  Wags Tail  Plays  Avoids  Does Nothing  Barks  Snaps  
**Cats:**  Wags Tail  Plays  Avoids  Does Nothing  Barks  Chases

**DOG'S HABITS AND BEHAVIORS**

Please circle adjectives that best describe your dog:

Friendly Unfriendly Affectionate Aloof High Energy Lazy Dominate Fearful  
Rough Gentle Quiet Loud Not Bright Smart Stubborn Eager to Please

Please check any protective or possessive behavior your dog may display when you touch his/her:

**Rawhide/toys:**  Barks  Growls  Shows teeth  Snaps  Bites  
**Food:**  Barks  Growls  Shows teeth  Snaps  Bites

Please tell us about your dog's "bad habits":  Jumps  Digs  Barks/howls  Chases cats

Fights with other dogs  Bites people  Destroys household items Other: \_\_\_\_\_

Does your dog have accidents in the house?  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 ACTIVITIES**

What toys does your dog like?  Balls  Kong's  Frisbees  Squeaky toys  Other: \_\_\_\_\_

What is your dog's favorite game?  Fetch  Tug  Chase  Wrestling  Other: \_\_\_\_\_

Has your dog had any training?  Yes, at home  Yes, with a trainer/class  None

What commands does your dog know?  Sit  Down  Stay  Come  Heel  Give paw/shake

Other commands: \_\_\_\_\_

Where does your dog sleep? \_\_\_\_\_

Is your dog allowed on furniture?  Yes  No

Does your dog enjoy car rides?  Yes  No

**FEEDING AND VET CARE**

What brand of food does your dog eat? \_\_\_\_\_ What type?  Dry  Wet  Mixed

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**

This dog would do well in a home with... (check all that apply)

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> No kids                            | <input type="checkbox"/> Kids over 5          | <input type="checkbox"/> Teenagers                    | <input type="checkbox"/> Kids of any age |
| <input type="checkbox"/> With dogs                          | <input type="checkbox"/> No other dogs        | <input type="checkbox"/> With cats                    | <input type="checkbox"/> No cats         |
| <input type="checkbox"/> Many visitors                      | <input type="checkbox"/> Few visitors         | <input type="checkbox"/> No visitors                  |  |
| <input type="checkbox"/> Someone home mornings and evenings | <input type="checkbox"/> Someone home all day | <input type="checkbox"/> Someone home most of the day |  |

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_