

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.

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

Description of Animal: Name of Animal: _____		Animal ID: _____	
Breed: _____	Sex: _____	Color(s): _____	
Age: _____	License#: 20 _____	Rabies Tag#: _____	
Microchipped: 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 reason (Please describe): _____

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 _____

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

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 Kongs 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)

- No kids Kids over 5 Teenagers Kids of any age
- With dogs No other dogs With cats No cats
- Many visitors Few visitors No visitors
- Someone home mornings and evenings Someone home all day 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: _____ / _____ / _____