

**Franklin County Dog Shelter
Owner Surrender Information Form**

OWNER INFORMATION

Name: _____ Dog's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

Dog Breed: _____ Color: _____ Sex: _____ Age: _____

Spay/Neutered? Yes No Is your dog microchipped? () Yes () No () Not sure

HOUSEHOLD HISTORY

Why are you surrendering your dog? _____

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 () Pet Store () Own litter

() Received as Gift () Breeder () Craigslist () 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 **Cats:** () Wags Tail () Plays () Avoids
() Does Nothing () Barks () Snaps () Does Nothing () Barks () Chases
() Other: _____ () Other: _____

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: () Barks () Growls () Shows teeth **Food:** () Barks () Growls () Shows teeth
() Snaps () Bites () Snaps () Bites

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

() Fights with other dogs () Barks (when left alone) () Destroys household items () Accidents in the house

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? () Never () 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

Name of trainer or place where class was taken: _____

What commands does your dog know? () Sit () Down () Stay () Come () Heel
() Give paw/shake () Others: _____

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 for any additional information you would like to share about your dog.
(e.g. best qualities, bad habits, etc.)

To the best of my knowledge and belief:

() This dog has NOT bitten any person within the last ten days

() This dog has bitten any person within the last 10 days

If so, level of bite: () air snap () red mark () puncture
(If it was a puncture or a red mark, a bite report must be filled out)

As the owner of the dog described in this surrender form, or duly authorized agent thereof, I hereby relinquish and transfer ownership of this animal to the Franklin County Department of Animal Care and Control (FCACC). I understand that the FCACC will evaluate the dog's age, temperament, and health, and will take the most appropriate course of action with respect to its disposition. These dispositions include adoption, euthanasia, or transfer of this animal to another facility. All possible attempts will be made to place acceptable dogs into new homes.

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