**Dog Surrender Form**

**84 East Ridge Road**

**Sheridan, WY 82801**

**Phone:(307)674-7694**

**Fax:(307)672-6409**

**Email:** **dogncat@fiberpipe.net**

**Website:** [**www.dogandcatshelter.org**](http://www.dogandcatshelter.org/)

Dog Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St: \_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Surrender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* *My Signature gives permission for my veterinarian to release all records pertaining to the pet named above to the Dog and Cat Shelter of Sheridan Wyoming*
* *I am the owner/Authorized custodian of the above mentioned animal. I unconditionally relinquish all rights of ownership in this animal.*
* *I am not the owner of the above Described animal, I relinquish custody of and all claims to the Animal to the Dog and Cat Shelter.*
* *To the best of my Knowledge the above described animal has not bitten any person in the last 10 days.*

*I accept responsibility for the accuracy of the above. Though we are considered a NO KILL shelter surrendered Animals may be euthanized for dangerous aggression or a terminal illness.*

*My Signature gives permission to my veterinarian to release all records pertaining to the pet named above to the Dog and Cat Shelter of Sheridan Wyoming.*

*I understand that I have* ***3 BUSINESS DAYS*** *to retrieve the surrendered dog before the shelter takes ownership.*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Signature Date*

Dog Information Form

Please answer the following questions pertaining to the dog you are surrendering. This information will be extremely helpful to us so that we may place it in a suitable home. By giving the new/prospective owners an overall history of this animal, the transition to its new home will be less stressful. When completing this form, please include all behaviors of the animal, even those that are negative.

Dog’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB (if known): \_\_\_\_\_\_\_\_\_\_\_\_

Male / Female **Spayed/Neutered?**   **Y / N**

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purebred? \_\_\_\_ Mix? \_\_\_\_\_

Color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you acquire the dog? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long have you owned the dog? \_\_\_\_\_\_\_

Is the dog tolerant of:

 Grooming? Y / N / Don't Know Other Dogs? Y / N / Don't Know

 Cats? Y / N / Don't Know Children? Y / N / Don't Know

 Strangers? Y / N / Don't Know Ears Cleaned? Y / N / Don't Know

Is the dog housebroken? Totally Partially Some accidents Not Housebroken

Does the dog enjoy Car rides? Y / N Swimming? Y / N Walking, Running? Y / N Fetch? Y / N

Was the dog an only animal? Y / N Other animals in home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has the dog ever been aggressive? Y / N Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Ever bitten anyone? Y / N Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does the Dog know basic commands? (Circle all that apply)

Sit Stay Down Come Heel

Is there anything else you want us to know? (likes, fears, medical, food, behavior, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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