

Ocean County Animal Facility

Dog Surrender Form

Dog's Name: _____ Breed: _____ Impound #: _____

Age: _____ Sex: _____ Are they spayed/neutered? YES NO

How long has this dog lived with you? _____

Veterinarian: _____

Last time your dog was seen by a vet? _____

What name are the records listed under, if not yours? _____

Does your dog need to be muzzled for shots or exams? _____

Does your dog have any health issues? _____

Is your dog on a special diet, or have any special needs? _____

Where did you acquire this dog? _____

Why are you surrendering this dog? _____

Has this dog ever bitten? _____

If Yes, Please describe: _____

Where was this dog kept? _____

How long were they left alone? _____ Are they crate trained? _____

Does this dog have accidents in the house? _____ If yes, how often? _____

What is your dog's potty schedule? _____

What is your dog's feeding schedule? _____ Brand: _____

Do they destroy anything? _____ If yes, what? _____

Is your dog good with other animals? _____

Have they ever been in a fight? _____

Has your dog lived with other dogs? _____

Has your dog lived with cats? _____

Has your dog lived with any other animals? (rabbits, ferrets, birds, etc.) _____

What age children has your dog lived with? _____

How is your dog around children? _____

TRAINING:

Has your dog had any obedience training? _____ Name of trainer? _____

What commands does your dog know? Sit _____ Down _____ Come _____ Stay _____ Shake _____

Does your dog walk well on a leash? _____

How is your dog off leash? _____

BEHAVIOR:

How does your dog react while eating? _____ Can you take their food bowl away? _____

Can you take their toys away? _____ Can you take a bone away? _____

Does your dog jump up on people? _____

Is your dog an excessive barker? _____

Are you able to pick your dog up? _____

Are they sensitive to being touched? _____

How is your dog with grooming? _____

Are you able to cut your dog's nails? _____

Is your dog afraid of anything? _____

How does your dog react to strangers? _____

What does your dog do what asked to get off the sofa or bed? _____

What is your dogs favorite toy or thing to do? _____

Do you think your dog is adoptable? _____

What type of home would you place them into? _____

Do you give OCAF permission to have any vet records faxed to our facility? _____

Signature: _____ Date: _____

Please list any additional information a new owner will need: