

Surrender Dog/Puppy

Shelter ID:	PetPoint ID:		
Date:	Pet's Name:		
Breed:		Color:	
Estimated Birthdate or Ag	e: Sex: [Male Female	Microchipped: Yes No
Is the animal spayed/neut	ered?		
Name of Veterinary Clinic	used?		
Reason for surrendering the	nis animal:		
Any medical or health issu	es or injuries?	No If yes, explain:	:
Is the animal house traine	d?	t, explain. If yes, wha	t are the cues?
=	_	-	? Yes No Type of
Has the animal bitten a hu			es, please briefly explain the
Is there any age group or go			ke or be afraid of? 🗌 Yes 📗 No
How does the animal resp	ond to strangers?		
How is this animal with ot	her dogs?	e 🗌 Friendly 🗌 No	t known
How is this animal with ca	ts? Aggressive F	riendly Not know	n
With toys, does the anima		Won't Give Them Un	Gives Them Un Fasily

With food/water/treats is the animal aggressive? Yes No Not Known
What food was provided to the dog?
How does this animal walk with a leash? Pulls Doesn't Pull Has never used a leash
Has this animal lived:
Has this animal ever run away?
Has the animal had training? Yes No If yes, what commands?
This animal is described as: Cuddly/Affectionate Social Easy going/mellow Active/playful Independent
This animal enjoys: Car rides Digging Playing with toys Going for walks Playing fetch Playing in water Other
This animal is afraid of: Being left alone Loud noises/thunder People in uniforms Water
Where did you get the animal (example: friend, breeder, Humane Society, etc)?
Was the animal kenneled/crated? Yes No If yes, what situation(s) was the dog placed in the kennel?
Any other information you would like us to know about this animal that would be helpful for the next owner to know? Yes No If yes, what:

Legal Owner (Please read and initial below):

By signing this document, I (owner) give up all rights, titles, and interest to the above animal. The Hawk Creek Animal Shelter tests for certain diseases, does temperament testing and has the final say to the disposition of this animal. I understand I am not able to call or visit the above animal and no information will be given regarding this animal. At any time should I decide that I want this animal back, I will be required to go through the adoption process and pay the fees required for the adoption. I shall not receive my surrender fee back at any given time.

I give Hawk Creek Animal Shelter permission to contact my veterinarian(s) and obtain any medical records for this pet.

Owners Name:	
Mailing Address:	
City:	Zip:
Phone Number:	
Owner's Signature:	
LEGAL REPRESENTATIVE:	
The owner of this pet is unable to sign this surrender this pet.	form and I have the legal authority to surrender
Representative's Name:	
Agency:	
Mailing Address:	
City:	Zip:
Representative's Signature:	
Phone Number:	