



Dog Surrender Form

This form is a legal document that transfers ownership of the admitted animal to Wanderers' Rest Humane Association, Inc. from the individual signing this form. We reserve the right to decide the length of stay and the disposition of the animal. We request any medical records you might have for this animal be submitted. While we do not euthanize for space, euthanasia may occur due to severe illness that is affecting quality of life. We have the right to transfer this animal to another facility/organization if we see fit.

What if I change my mind or my situation changes and want my pet back?

Please contact our office during business hours to discuss the options that may be available. Please note that if your pet needs to be spayed/neutered or has had extensive medical care, you will be asked to pay for these services in order to get your pet back. If your pet has been placed for adoption, you will also be required to pay the adoption fee. In the case that your prior pet is no longer housed at Wanderers' Rest Humane Association, Inc., staff will not discuss any information about the decided upon disposition including transfer to rescue, adoption, foster placement, or euthanasia. Please remember that you have transferred full ownership to Wanderers' Rest Humane Association, Inc.

PLEASE BE CERTAIN THAT YOUR DECISION TO TURN YOUR PET IN TO THE SHELTER IS YOUR FINAL DECISION.

I have read and understand the above statements:

SIGNATURE: _____ DATE: _____

NAME: _____ PHONE: _____

EMAIL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Admitting Staff:

Signature and Title: _____

Date: _____ Surrender Fee: _____

Please fill out this form as honestly as possible. This information will help us match your dog with his/her new forever family. The more information we are provided with allows us to make good matches for the pets left in our care. PLEASE PRINT CLEARLY!

Adoption Return Public Guardian Surrender Less than 90 days (return) Over 90 days(surrender)

Guardian Name	
Full Address	
Phone Number	Email
Dog's Name	How long have you had the dog?
Age	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed / Neutered
Breed	

Why are you giving up your dog?

- Moving Allergies Not Housetrained New Baby Too Much Energy No Time
- Not getting along with other pets (explain): _____
- Not getting along with family members (explain): _____
- Behavior Issues: _____
- Other: _____

How did you obtain this dog?

- Wanderers' Rest Humane Association, Inc. Other Shelter/Rescue: _____ Newspaper /
Internet Friend Breeder Found Stray
- Gift Other: _____

Would you recommend placing this dog in a home with young children?

- Yes! No! Not Sure...
- Please Explain: _____

If this dog has lived with young children, how did they interact? (Check all that apply)

- Dog actively avoided children Dog growled at child Child could pet the dog
- Ignored each other Played together Gentle/Affectionate
- Jumps on / Knocks over Other: _____

Please tell us what other animals your dog has lived with (Check all that apply):

- Male dog(s): # _____ Female dog(s): # _____ Cat(s): # _____
- Other pet(s): _____ Never lived with other animals

What has been your dog's experience with other dogs in your home or outside of your home? (Check all that apply)

- Bullies Frightened of Friendly/Playful Ignores Shy
 Never around other dogs Growls/Snaps Curious Unknown
 Lunges on leash Other _____

Would you recommend placing this dog in a home with other dogs?

- Yes! No! Not Sure Please Explain: _____

What has been your experience with any opportunities your dog has had to interact with cats (Check all that apply)

- Bullies Frightened of Friendly/Playful Ignores Chases
 Never around cats Has Injured/Killed Curious Gentle Barks/Lunges
 Other _____

Would you recommend placing this dog in a home with cats?

- Yes! No! Not Sure...
 Please Explain: _____

When the dog is inside, he/she is: Roaming Freely Kept in a room In a crate Other: _____

When outside, how is he/she confined:

- Fenced yard Fenced dog run Electric Fence No confinement Tethered by chain or cable
 Garage Other: _____

Houstraining Information

Is this dog houstrained? Yes No

Is your dog crate trained? Yes No

Feeding Information

What type of food does this dog eat?

- Dry kibble only Brand: _____
 Canned food only Brand: _____
 Dry and Canned Brands: _____
 Special Diet: _____

Training Information

Which behaviors is this dog familiar with? (Check all that apply)

- Sit Down Stay Come Heel Shake

Others: _____

Leash walking behavior (Check all that apply):

- Pulls on leash Walks politely on leash No exposure to a leash Other: _____

Has this dog had obedience training? Yes No What type of training? _____

How do you discipline the dog? Verbal correction Physical Correction Other: _____

Does your dog play with other dogs? Yes No Resident Dog Dog Park

Does your dog have any behavior issues that a new adopter should be aware of? (check all that apply)

- Barking Nipping Needy Destructive behavior
- Jumping on people Aggressive towards people outside of home
- Aggressive towards other dogs OFF leash ON Leash
- Aggressive towards visitors to home Aggressive towards other animals: _____
- Other _____

Is your dog scared of (check all that apply):

- Men Women Children Strangers Thunder Fireworks
- Vet Groomer Riding in the car Bathing Loud noises
- Brushing Nail Clipping Other animals: _____
- Other: _____

Has your dog ever bitten, growled, or snapped? Yes No

If yes, explain: _____ If there is a bite history, when did the bite occur? _____

*Please note that we cannot adopt out pets that have a bite history. All bites that have occurred within 10 days will be reported to the county Department of Health.

How would you characterize this dog overall (check all that apply)?

- Calm Excitable Hyper Cuddly Confident Outgoing
- Stubborn Smart Shy Fearful Nervous Dependent
- Independent Happy Clingy Protective of family
- Protective of home Easy going
- Other: _____

Veterinary Information

Name of Veterinarian or Clinic: _____

Date of last visit: _____

Current on vaccinations: Yes No

Has heartworms? Yes No Unsure

In the last 30 days, has your dog had (check all that apply):

- Coughing Sneezing Vomiting Diarrhea

In the last 30 days, has your dog been to a boarding facility or doggy daycare? Yes No

Does your dog have any current, previous, or recurring medical problems? Yes No

If yes, explain: _____

Other Information

Please list any other information that you feel would be helpful for us or for a new owner. This will help us make the best possible match for a new family.

Owner Surrender Disclaimer (all species)

By submitting this application, I understand that this shelter has the right to accept or deny my surrender application. I understand that there are fees associated with surrendering my pet(s).