



**UPPER CREDIT
HUMANE SOCIETY**

5383 Trafalgar Road
Erin, Ontario
N0B 1T0

Canine surrender form

Please be advised it could take up to three days to process your intake information. Please wait for staff to contact you about surrendering your pet. Please make sure all information is complete. Failure to complete the paperwork may constitute an automatic rejection. There is a surrender fee of \$100 due upon drop off.

Owner information			
Owner's name:		Date:	
Street address:		Apartment/Unit #	
City:		Postal code:	
Home phone:		Mobile phone:	
Email address:			
Dog information			
Dog's name:		Age:	
Breed:		Colour:	
Gender:	Male <input type="checkbox"/>	Neutered <input type="checkbox"/>	Female <input type="checkbox"/> Spayed <input type="checkbox"/>
How long have you had your dog?			
Where did you get your dog?			
Reason for surrender:			
Dog information – preferences and behaviour			
How often is your dog accustomed to eating?			
<input type="checkbox"/> Free feed (food left out all day)	<input type="checkbox"/> Once each day	<input type="checkbox"/> Twice each day	
What kind of food do you feed your dog?			
<input type="checkbox"/> Only dry food	<input type="checkbox"/> Only canned food	<input type="checkbox"/> Mix of dry/canned	<input type="checkbox"/> Special diet
Brand of food:			
My dog is used to living in:			
<input type="checkbox"/> Apartment/condo	<input type="checkbox"/> House with no/small yard	<input type="checkbox"/> House with large yard	<input type="checkbox"/> Farm or rural property
My dog is house trained:			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Sometimes
My dog lives primarily:			
<input type="checkbox"/> Inside		<input type="checkbox"/> Outside	



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Dog information – preferences and behaviour (continued)

When I am not home, my dog is kept:

<input type="checkbox"/> In a crate	<input type="checkbox"/> Isolated to a room/basement	<input type="checkbox"/> Loose in the house
<input type="checkbox"/> Tied up	<input type="checkbox"/> Outside	<input type="checkbox"/> Depends on the weather
<input type="checkbox"/> Other		

My dog is used to being alone:

<input type="checkbox"/> Everyday	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
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On average, how many hours a day is your dog left alone?

When left alone, my dog is:

<input type="checkbox"/> Vocal	<input type="checkbox"/> Destructive	<input type="checkbox"/> Will have accidents (peeing or pooping)
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My dog knows (check all that apply):

<input type="checkbox"/> His/her name	<input type="checkbox"/> Come	<input type="checkbox"/> Sit	<input type="checkbox"/> Stay
<input type="checkbox"/> Lay down	<input type="checkbox"/> Shake a paw	<input type="checkbox"/> Speak	<input type="checkbox"/> How to walk on a leash
<input type="checkbox"/> Leave it	<input type="checkbox"/> Other		

I can hug my dog:

<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Have not tried
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I can brush my dog:

<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Have not tried	<input type="checkbox"/> Only a groomer does it
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I can trim my dog's nails:

<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Have not tried	<input type="checkbox"/> Only a groomer can
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In the car, my dog is:

<input type="checkbox"/> Enjoying the ride	<input type="checkbox"/> Nervous	<input type="checkbox"/> Gets car sick	<input type="checkbox"/> Shows aggression
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My dog reacts in the following manner:

	Friendly	Nervous	Fearful	Aggressive
Unfamiliar environments				
With cats				
With children				
With other dogs				
With men				
With women				

When it comes to furniture, my dog is:

<input type="checkbox"/> Allowed on all furniture	<input type="checkbox"/> Allowed on some furniture
<input type="checkbox"/> Not allowed on furniture	<input type="checkbox"/> Allowed on his/her own bed

When I try to remove my dog from the furniture, he/she:

<input type="checkbox"/> Allows me to	<input type="checkbox"/> Will sometimes allow me to	<input type="checkbox"/> Will growl	<input type="checkbox"/> Will snap or bite
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Dog information – health/medical

Has your dog ever been to a veterinarian? Yes No

Has your dog been vaccinated? Yes No **If yes, when?**

What is the name of the vet clinic visited?

Clinic phone number:

Has your dog had any medical issues in the past? Yes No

If yes, please describe:

Does your dog currently have any medical issues? Yes No

If yes, please describe:

Dog information – other

Is there anything else you would like to tell us about your dog?
