



**Clay County Animal Services**  
 3984 State Road 16 West  
 Green Cove Springs, Florida 32043 Phone:  
 (904) 284-6300  
 www.claycountygov.com



## Owner Surrender Form: Canine

Dog's name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Nickname: \_\_\_\_\_  
 Breed: \_\_\_\_\_ Color: \_\_\_\_\_

### HOUSEHOLD HISTORY

How long have you had the dog?

How did you acquire the dog?

What is the reason for surrendering your dog?

Do you take your dog outside to go to the bathroom? Yes          No

If yes, how many times a day does the dog go out?

How does this dog let you know it needs to go outside?

Does your dog have accidents in the house? Yes          No

If yes, how often?

Daily          A few times a week          A few times a month          A few times a year

If yes does your dog:          Urinate          Defecate          Both

Is your dog crate trained?          Yes          No

If yes, how long did the dog spend in the crate each day?

How long can your dog hold it?

Not at all          1-3 hours          4-8 hours          9-12 hours          12+ hours

How long is your dog left alone without people?

Never          1-3 hours          4-8 hours          9-12 hours          12+ hours

### Office Use Only

**Animal ID Number:** \_\_\_\_\_  
**Owner Full Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone#:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Appointment Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

When alone is your dog:

Outdoors                      Free in the house                      Confined to a room                      Crated

Other (please describe):

When left alone does your dog:

Destroy household items      Urinate      Defecate      Bark      Cry      None

If your dog destroys household items check all that apply:

Chews windows/doors      Chews furniture      Chews clothing/shoes      Chews toys

Chews woodwork/walls      Other

When you are home, does your dog?

Destroy household items      Urinate      Defecate      Bark      Cry      No issues

Other

How does your dog react to bathing / handling such as petting or hugging?

Are there areas on the dog's body your dog does NOT like to be touched?

Ears      Mouth      Tail      Collar      Rear-end      Paws/nails

Can touch dog anywhere      Other

If touched in the above place(s), how does your dog respond?      Moves away      Shows teeth

Growls      Snaps      Bites      No reaction

Doesn't react negatively when touched anywhere      Other:

Is the dog permitted to sit and/or sleep on furniture?      Yes      No

How does your dog behave in the car?      Enjoys      Afraid      Resists entering      Sleeps

Barks      Vomits      Urinates/Defecates      Never tried

Fine in a crate/restraint

What words does this dog understand?

Sit      Stay      Down      Off      Treat/cookie      Come      No

Leave it      Drop      Fetch      Okay      Heal      Quiet

Doesn't know any commands      Other:

What are the dog's favorite kinds of toys?

**POSSESSIVE HISTORY**

How does your dog react when you or another family member... (check appropriate boxes)	No reaction	Never tried	Allows	Lunges	Shows teeth	Growls	Snaps	Bites	Other (please describe)
<i>...pet him/her or touch the bowl or food while eating</i>									
<i>...pet him/her or touch a bone, rawhide, pig's ear or other delicious edible while chewing</i>									
<i>...pet him/her or touch a stolen food item</i>									
<i>...pet him/her or touch a stolen object (tissue, shoe, sock, etc.)</i>									
<i>...pet him/her or touch a toy in his/her mouth</i>									
<i>...pet him/her or move him/her while sleeping</i>									
<i>....push or pull him/her off of furniture</i>									
<i>....approach him/her while next to another family member</i>									

**MEDICAL HISTORY AND BEHAVIOR TOWARDS THE VETERNARIAN**

**(Please bring all medical records with you to your appointment.)**

Has this dog ever had surgery?      Yes      No      Unknown

If yes, please explain

How does your dog behave during visits to the vet

Does your dog have to be muzzled at the vet?

Yes

No

Is there anything else we should know about your dog's medical history?

## **BEHAVIOR HISTORY**

Is there anything you want a new family to know about your dog's interaction with:

Men:

Women:

Children:

Dogs:

Cats:

Other:

Please tell us about your dog's "bad habits" or fears (chewing shoes, jumping on counters or people, hiding during thunderstorms etc):

Are there any wonderful, special traits or habits that you would like his/her new family to know about?

**By signing this form, you relinquish all rights and title to this animal to the Clay County Board of Commissioners. Furthermore, you are attesting that to the best of your knowledge this animal has not bitten or scratched anyone within 10 days prior to the date of surrender. You further attest that all information contained herein is true and accurate. You certify that you are the true and rightful owner of this animal that you are surrendering and no other person has any right of property to this animal. You further acknowledge that this animal may be immediately euthanized in accordance with Section 828.058, Florida Statutes.**

**Print Name:**

**Phone Number:**

**Address:**

**City:**

**State:**

**Zip:**

**Email:**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_