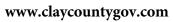


## **Clay County Animal Services**

3984 State Road 16 West Green Cove Springs, Florida 32043 Phone: (904) 284-6300





## **Owner Surrender Form: Canine**

				Offi	ce Use Onl	у			
Dog's name:				Animal ID Number:					
Age:				ull Name:					
Nickname:									
Breed:	Colo	r:				Zip:			
HOUSEHOLD HISTO	ORY					Time:			
How long have you had	d the dog?								
How did you acquire th	ne dog?								
What is the reason for s	surrendering	g your dog?							
Do you take your dog o	outside to go	to the bathroo	om?		Yes	No			
If yes, how many times	a day does t	he dog go out?	•						
How does this dog let y	ou know it	needs to go out	tside?						
Does your dog have acc	cidents in th	e house?			Yes	No			
If yes, how often?									
Daily	A few	times a week	A few t	times a month	A	few times a year			
If yes does your dog:	Urin	ate	Defecate	Both					
Is your dog crate traine	ed?	Yes	No						
If yes, how long did the	dog spend	in the crate eac	ch day?						
How long can your dog	g hold it?								
1	Not at all	1-3 hours	4-8 hours	9-12 hours	12+ hou	rs			
How long is your dog l	eft alone wit	hout people?							
1	Never	1-3 hours	4-8 hours	9-12 hours	12+ hou	rs			

	Outdoors	Free ir	the house		Confined to a	room	Crated
	Other (please	describe):					
When	left alone does	your dog:					
	Destroy house	ehold items	Urinate	Defecate	Bark	Cry	None
If your	dog destroys l	nousehold item	s check all that	apply:			
	Chews windo	ws/doors	Chews furniture		Chews clothing/shoes		Chews toys
	Chews woodw	vork/walls	Other				
When	you are home,	does your dogs					
	Destroy house	ehold items	Urinate	Defecate	Bark	Cry	No issues
	Other						
How d	loes your dog r	eact to bathing	/ handling such	n as petting or h	ugging?		
Are th	ere areas on the	e dog's body yo	ur dog does NO	OT like to be to	uched?		
	Ears	Mouth	Tail	Collar	Rear-end	Paws/nails	
	Can touch do	g anywhere	Other				
If touc	hed in the abov	ve place(s), how	does your dog	respond?	Moves away	Show	s teeth
	Growls	Snaps	Bites	No reaction			
	Doesn't react	negatively whe	n touched anyw	vhere	Other:		
Is the	dog permitted t	to sit and/or sle	ep on furniture	?	Yes	No	

When alone is your dog:

How d	loes your dog b	ehave in the car	e? Enjoys	. Afraid	l	Resists	enterin	g	Sleeps
	Barks	Vomits	Urinates/Defe	cates	Never t	ried			
What	Fine in a crate words does this	dog understan	d?						
	Sit	Stay	Down	Off	Treat/c	ookie		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	Funges	Shows	Growls	Snaps	Bites	Other (please describe)
pet him/her or touch the bowl or foodwhile									
eating									
pet him/her or touch a bone, rawhide, pig's ear or other delicious edible while chewing									
pet him/her or touch a stolen food item									
pet him/her or touch a stolen object (tissue,									
shoe, sock, etc.)									
pet him/her or touch a toy in his/her mouth									
pet him/her or move him/her while sleeping									
push or pull him/her off of furniture									
approach him/her while next to another family member									

## 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 hi	story?	
BEHAVIOR HISTORY		
Is there anything you want a new family to know about your dog's	interaction witl	h:
Men:		
Women:		
Children:		
Dogs:		
Cats:		
Other:		
Please tell us about your dog's "bad habits" or fears (chewing shoes thunderstorms etc):	, jumping on co	ounters or people, hiding during
Are there any wonderful, special traits or habits that you would like	: his/her new fa	amily 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 Statues.

Print Name:	Phone	Number:		
Address:	City:	State:		
Zip:	Email:			
Signature:		Date:		