

Northwoods Humane Society
PO Box 82, Hayward WI 54843
715/634-5394

DOG SURRENDER FORM

Date _____ Notified _____ PF _____

Please Write Clearly!

Name _____ Phone# _____
Street Address _____
City _____ State _____ Zip _____
Email address _____

Dog's Name: _____ Age: _____ Breed: _____
Male: _____ Female: _____ Spayed/Neutered: Yes _____ No _____

Has this dog ever bitten anyone: Yes _____ No _____ Did it draw blood: Yes _____ No _____
Please explain the bite incident: _____

How long have you had this dog? _____ Age when you got this dog: _____
How did you get this dog? Shelter/Rescue _____ Stray _____ Gift _____ Friend _____
Pet shop _____ Breeder _____ Abandoned _____
Why do you want to surrender this dog? _____

Where is this dog used to being kept?
Crate _____ Free roaming _____ House _____ Yard _____ Chain _____
Is this dog potty trained? Yes _____ No _____
What have you done to rehome this dog? Why didn't it work? _____

Have you seen any of these behavior from this dog? Aggression _____ Startling _____
Fear of Storms _____ Growling _____ Fear of noise _____ Begging _____ Biting _____
Climbing _____ Overprotective _____ Fighting _____ Animal aggression _____
Not applicable _____
Choose any that fit this dog? Jump fences _____ Tear carpet _____ Tear furniture _____
Dump trash _____ Bark/howl _____ Chase cars/bikes _____ Walk well on leash _____
Chew _____ Not applicable _____
Please explain any of the noted behaviors. _____

Can this dog be left alone for long periods of time? Yes _____ No _____
Dog this dog not get along with any of the following (choose all that apply): Children _____
Women _____ Men _____ Cats _____ Dogs _____ Other animals _____ Don't know _____
Not applicable _____

Can the dog be trust alone in the car? Yes ____ No ____

Can the dog be trusted alone in a fenced yard? Yes ____ No ____

If no to either question, please explain. _____

Does the dog enjoy car rides? Yes ____ No ____ Does the dog get carsick? Yes ____ No ____

Where does this dog sleep? _____

Is this dog crate trained? Yes ____ No ____

Where is this dog when the family is eating? _____

Where and how often a day is the dog fed? _____

Brand/type and amounts? _____

Has this dog ever been to a vet? Yes ____ No ____ If yes, how was s/he? _____

Are vet records available for this dog? Yes ____ No ____ If yes, what vet and what name is the pet listed under? _____

Vet contact information (name, address, phone #, email address) _____

Please explain anything else we need to know about this dog to find the right home. _____

If this dog is sensitive to being touched, please explain. _____

Is this dog possessive of food, toys or people? Food ____ Toys ____ People ____

As owner or agent of the owner of this dog described herein, I do hereby assign ownership of said dog to the Northwoods Humane Society. NHS will become the sole owner of the animal and may care for the animal in any manner the society sees fit. To the best of my knowledge, as owner or agent of the owner this animals HAS NOT BITTEN ANY PERSON, in the last 10 days. Please type your name in the box as electronic authorization. *

Signature

6/2020