

RUTS RESCUE - surrender form

Dog's name: _____

Dog's nickname: _____

Animal ID Number: _____

FOR OFFICE USE ONLY

Household History

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

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? No Yes

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 the 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 8-12 hours 12+ hours

How long is your dog left alone, without people?

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

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 woodwork/walls

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

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 Leave it Drop No Doesn't know any commands
 Fetch Okay Heel Quiet 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
...pet him/her or touch the bowl or food while 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								

Other (please describe) _____

Medical History and Behavior towards the Veterinarian

Has your 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? No Yes

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?

I hereby certify that I am the rightful owner/keeper/caretaker/custodian of the animal(s) who is/are the subject of this Animal Surrender Form, hereinafter referred to as "the animal." I hereby surrender any and all rights to the animal. I certify that no other person has a right to the animal. I understand that by surrendering my rights to the animal, the animal will be transferred into the custody of a foster/volunteer and/or an approved adopter of Ruts Rescue. I also hereby certify that the animal **has / has not (Circle one)** bitten or scratched a human or another animal in the past 10 days. I

Printed Name: _____

Signature: _____

Date: _____