



NO PAWS LEFT BEHIND ANIMAL SHELTER

59 Hodges Cross Rd
North Adams, MA 01247

contact@nopawsleftbehindas.org

Dog Surrender Form

Your name: _____ Number: _____

Address: _____

Name of pet: _____ Age _____ Breed _____

Is your dog spayed/neutered? Yes _____ No _____

Why do you need/want to surrender this animal? _____

Where did you get your dog? Friend/Family _____ Shelter _____ Breeder _____ Other _____

What animal(s) has the dog lived with? Dog(s) _____ Cat(s) _____ Children (include ages) _____ Small pets (include type) _____

If not lived with, has the dog been exposed to any of the following? Dog(s) _____ Cat(s) _____ Children (include ages) _____ Small pets (include type) _____

Does the dog get along with the following? Dog(s) _____ Cat(s) _____ Children (include ages) _____ Small pets (include type) _____

Does the dog NOT get along with the following? (Check off option and EXPLAIN):
Dog(s) _____ Cat(s) _____ Children (include ages) _____ Small pets (include type) _____

Explain: _____

Does the dog have any behavioral issues (If yes, explain): _____

Has the dog ever been trained? (If yes, explain): _____

Is the dog fearful of anything? (If yes, explain): _____

How is the dog in new situations? _____

Has the dog ever bitten any animal? (If yes, explain): _____

Has the dog ever bitten any person? (If yes, explain): _____

What activities does your dog enjoy? (Explain): _____

What words would you use to describe your dog? (Check off option(s): Affectionate _____
Outgoing _____ Shy _____ Anxious _____ Energetic _____ Fearful _____

Health Information

Veterinarian's Office: _____

Address: _____ Number: _____

When was your last vet visit?: _____

Is your dog up to date on vaccines? Yes _____ No _____

Does your dog have its rabies vaccine? Yes _____ No _____

Does your dog have any health issues? (If yes, explain): Yes _____ No _____

Explain: _____

Name: _____ Signature: _____ Date: _____