## NO PAWS LEFT BEHIND ANIMAL SHELTER



69 Hodges Cross Rd North Adams, MA 01247 <u>contact@nopawsleftbehindas.org</u>

## Dog Surrender Form

Your name:	Number:
Address:	
Email:	
Name of pet: Age	Breed Sex
Is your dog spayed/neutered? Yes No_	
Why do you need/want to surrender this anima	l?
Where did you get your dog? Friend/Family	ShelterBreeder Other
What animal(s) has the dog lived with? Dog(s) ages) Small pets (include type)	
If not lived with, has the dog been exposed to a Cat(s) Children (include ages)	
Does the dog get along with the following? Dog ages) Small pets (include type)	
Does the dog NOT get along with the following Dog(s) Cat(s) Children (include age 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, expla	ain):	
Has the dog ever bitten any person? (If yes, expla	ain):	
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, e	xplain): Yes No	
Explain:		

When surrendering, it is donation based, so we ask for any donation you can to help pay for the costs of the animal being with us until it is adopted. Amount: \_\_\_\_\_

Name:	Signature:	Date:
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