Ocean County Animal Facility

Dog Surrender Form

Dog’s Name: ___________________________ Breed: ___________________________ Impound #: ___________________________

Age: __________________ Sex: __________________ Are they spayed/neutered? YES NO

How long has this dog lived with you? __________________________________________

Veterinarian: __________________________________________

Last time your dog was seen by a vet? __________________________________________

What name are the records listed under, if not yours? __________________________________________

Does your dog need to be muzzled for shots or exams? __________________________________________

Does your dog have any health issues? __________________________________________

Is your dog on a special diet, or have any special needs? __________________________________________

Where did you acquire this dog? __________________________________________

Why are you surrendering this dog? __________________________________________

Has this dog ever bitten? __________________________________________

If Yes, Please describe: __________________________________________

Where was this dog kept? __________________________________________

How long were they left alone? ___________________________ Are they crate trained? ___________________________

Does this dog have accidents in the house? ___________________________ If yes, how often? ___________________________

What is your dog’s potty schedule? __________________________________________

What is your dog’s feeding schedule? ___________________________ Brand: ___________________________

Do they destroy anything? ___________________________ If yes, what? ___________________________

Is your dog good with other animals? __________________________________________

Have they ever been in a fight? __________________________________________

Has your dog lived with other dogs? __________________________________________

Has your dog lived with cats? __________________________________________

Has your dog lived with any other animals? (rabbits, ferrets, birds, etc.) __________________________________________

What age children has your dog lived with? __________________________________________

How is your dog around children? __________________________________________

TRAINING:

Has your dog had any obedience training? ___________________________ Name of trainer? ___________________________

What commands does your dog know? Sit ________ Down ________ Come ________ Stay ________ Shake ________

Does your dog walk well on a leash? __________________________________________
How is your dog off leash?

BEHAVIOR:

How does your dog react while eating? Can you take their food bowl away?

Can you take their toys away? Can you take a bone away?

Does your dog jump up on people?

Is your dog an excessive barker?

Are you able to pick your dog up?

Are they sensitive to being touched?

How is your dog with grooming?

Are you able to cut your dog’s nails?

Is your dog afraid of anything?

How does your dog react to strangers?

What does your dog do what asked to get off the sofa or bed?

What is your dogs favorite toy or thing to do?

Do you think your dog is adoptable?

What type of home would you place them into?

Do you give OCAF permission to have any vet records faxed to our facility?

Signature:_________________________________________ Date:________________________

Please list any additional information a new owner will need: