



## **Canine Owner Surrender Form**

If yes, where?

|                   | Pot ID:           |  |
|-------------------|-------------------|--|
| Intake Counselor: | Pet ID:           |  |
|                   | Intake Counselor: |  |

HSHC is dedicated to finding the best possible home for your animal. To do so, we rely on the information you provide us. Please answer the following questions honestly and to the best of your ability. Dog's Name: Age: **Are you this dog's first owner?** □ Yes □ No □ Unknown Where did you get your dog from? □ Breeder: □ Pet Store □ Internet Ad □ Rescue Group: □ Shelter: \_\_\_\_\_ ☐ Family / Friend □ Found Stray □ Other: Has your dog ever been to the vet? □ No □ Unknown □ Yes If yes, what veterinary clinic did your dog go to? When was your dog last seen by the vet? Is your dog housebroken? □ Yes □ No If **no**, does your dog urinate, defecate, or both in your home? How many hours per day was your dog alone at home? □ 9+ hours □ 4 - 8 hours □ Less than 4 hours □ Never When home alone, where did your dog stay? □ In their crate □ Loose in closed room ☐ Loose in the home □ Other: \_\_\_\_\_ □ In garage □ Backyard □ On a tie-out Is your dog crate trained? □ Yes □ No If yes, what type of crate? □ Plastic □ Indestructible □ Metal Has your dog ever been professionally trained? □ Yes □ No





## What tool was your dog trained on / did you use to walk them?

| <ul><li>□ Flat collar/leash</li><li>□ Prong Collar</li></ul>   |              | □ Harness        | □ Gentle         | Leader 🗆        | Martingale Collar         |  |  |
|--|--------------|------------------|------------------|-----------------|---------------------------|--|--|
|  |              | □ Choke Chai     | n 🗆 Shock        | Collar 🗆        | Other:                    |  |  |
| How do you correct unwanted behavior?                          |              |                  |                  |                 |                           |  |  |
|  |              |                  |                  |                 |                           |  |  |
| How do yo  | u reward     | l your dog?      |                  |                 |                           |  |  |
| □ Treats □ Human food □ I                                      |              |                  | □ Playtime       | □ Rawhide /     | □ Rawhide / bones / chews |  |  |
| □ Pets □ Verbal praise □                                       |              |                  | □ Toys           | □ Other:        | □ Other:                  |  |  |
| Where doe  | es your do   | og spend the m   | ajority of thei  | ir time:        |                           |  |  |
| □ Indoors  | □ <b>O</b> u | ıtdoors 🗆 🖰      | Garage           |                 |                           |  |  |
| lf <b>not indoo</b>  | rs, why? F   | low long did you | r dog spend ou   | tside? Was your | dog supervised?           |  |  |
|  |              |                  |                  |                 |                           |  |  |
|  |              |                  |                  |                 |                           |  |  |
| Does your dog like car rides?                                  |              |                  |                  | □ Yes           | □ No                      |  |  |
| Can your dog go up and down the stairs?                        |              |                  |                  | □ Yes           | □ No                      |  |  |
| Does your dog enjoy getting baths or swimming?                 |              |                  |                  | ? □ Yes         | □ No                      |  |  |
| Has your dog ever been professionally groomed?                 |              |                  |                  | ? □ Yes         | □ No                      |  |  |
| Has your dog interacted with other dogs?                       |              |                  |                  | □ Yes           | □ No                      |  |  |
| If <b>yes</b> , wher   | e?           |                  |                  |                 |                           |  |  |
| ls your dog  | g toy or tr  | reat motivated?  | )                | □ Yes           | i □ No                    |  |  |
| If <b>yes</b> , what's your dog's favorite toy(s) or treat(s)? |              |                  |                  |                 |                           |  |  |
|  |              |                  |                  |                 |                           |  |  |
| How does   | your dog     | "self–soothe"    | or relax? (ex: g | groom, chew toy | s, lay in crate/etc.)     |  |  |
|  |              |                  |                  |                 |                           |  |  |





| Please tell us some things you truly love about your dog: |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
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|   |  |  |  |  |  |  |
| If  | you do not have your dog's medical history or vaccination records with you,  |  |  |  |  |  |
|   | all your vet and have them email all records to hshc@hamiltonhumane.com.     |  |  |  |  |  |
| -   | This prevents us from double vaccinating your dog once they are in our care, |  |  |  |  |  |
|   | which helps with the stress of transitioning into the shelter.               |  |  |  |  |  |
| Data  |  |  |  |  |  |  |
| Date:   |  |  |  |  |  |  |
| Printed Na  | ame:   |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Signature:  | <u></u>  |  |  |  |  |  |