

Dog Owner Surrender / Intake Form

Please provide as much information as possible in response to the following questions. This will help us provide the best care for the dog and set them up for success in the future.

Dog's Name:	Gender:	Age:	
Is your dog spayed or neutered? How long have you	had the dog?		
Where did this dog come from?			
Why are you surrendering your dog?			
If our staff can provide resources or assistance, would you con	sider keeping your dog?		
Does your dog have any health concerns or conditions? Are th	ey on any medication/special	diet?	
Is this dog surrent on their versinations? O Vers O No			
Is this dog current on their vaccinations? O Yes O No			
Who is your veterinarian? Location:			
Including yourself, how many people of what ages live in your	house or regularly interact w	ith your dog?	
What other animals has your dog lived with or has spent time	with? Check all that apply:		
O Dogs O Cats O Chickens/Fowl O Rabbits/Small O Other Livestock O Other O No other animals in house		ls O Horses	
How did your dog interact with these animals?			

O yes (please specify how often/circumstances) O no						
How long is your dog left home alone each day? O Never O 1-3 hours O 4-8 hours O 9-12 hours O over 12 hours						
Where do you leave a dog when they are home alone? O Inside the house (free) O Inside the house (in crate) O Inside/outside (access via dog door) O Outside (free, not contained in yard) O Outside (in the yard) O Outside (kenneled) O Outside (tied/tethered) O Outside dog (spends all their time outdoors) O Other (please describe)						
Does your dog have any "bad habits"? O Jumping on people O "Mouthy" O Leash Reactive O Excessive barking O Digs holes O Escapes (from house or yard) O Destructive O Car riding manners O Other (explain below)						
Has your dog had any training? Tell us about it!						
Commands they respond to:						
Have they had any formal training? Trainer's name?						
What activities does your dog love? O Playing fetch O Going for walks O Hiking off leash O Dog park O Doggy daycare runs O Playing with toys O Swimming O Car rides O Other						
Tell us about your dog's personality! What's your favorite thing about your dog?						
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Has your dog ever shown any of the following behaviors:						
Showed Teeth or Growled: O Men O Women O Children						
Snapped or Lunged at: O Men O Women O Children						
Bite (did not break skin): O Men O Women O Children						
Bite (broke skin): O Men O Women O Children						
Bite that needed medical attention: O Men O Women O Children						
Please explain the circumstances of these incidents:						

Lancaster County Representative		Nato:	
Signed:	D	ate:	
Lancaster County Animal Shelter. I declare that I or rights in the ownership or control of him/her. I he ownership of the animal above as of the date belowerendered pet surrender fee.	ereby transfer all rights, tit	tle and interest in the control or	
I hereby release			
Phone:			
City:	State:	Zip:	
Street address:			
If this dog is being transferred through a shelter o	or organization, please list	it below:	
Your Name (please print):			
Is there anything else about your dog you can tell	l us to help us set them up	to succeed?	
Did a person approach or reach towards the dog?	O Yes O No O Probabl	y O Not Sure	
Did a stranger enter the yard or house? O Yes O	No O Probably O Not S	ure	
Was it over handling (brushing, touching feet, ear	rs, etc.)? O Yes O No O	Probably O Not Sure	
Was the dog disturbed while sleeping? O Yes O N	No Ο Probably Ο Not Sι	ire	
Was the dog in pain? O Yes O No O Probably O	O Not Sure		
While breaking up a dog fight? O Yes O No O Pr	robably O Not Sure		
Was it over a random object? O Yes O No O Pro	obably O Not Sure		
Was it over toys? O Yes O No O Probably O No	ot Sure		
Were they guarding food/bones? O Yes O No C	O Probably O Not Sure		

If any of the above was checked, please answer the following questions: