



Canine Surrender Request

Date: ____/____/____

Owner Name: (L) _____, (F) _____, (MI) _____

Home #: (____) _____ Cell #:(____) _____ Work (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Email: _____

Best way to contact you: _____

Dog's Name: _____ Age: _____ Sex: Male Female Neutered/Spayed: Yes No

Breed: _____ Mixed Breed: Yes No Color: _____

Markings: _____

Reason for Surrender: _____

How long have you had this dog? _____ Do you have proof of vaccinations? Yes No

Current Veterinarian Name/ Phone Number: _____ (____) _____

Medications (if any): _____ When is medicine given? _____

Did the pet come from another rescue? If so, which? _____ Where? _____

House Trained: Yes No Crate Trained: Yes No Leash Trained: Yes No

Current Food: _____ Quantity _____ Frequency _____

Dog's Sleeping Habits/Location: _____

Dog's Normal Exercise Habits: _____

Dog's Favorite Toy(s): _____ Dog's Favorite Treat (s): _____

Dog is well behaved with (circle all that apply): Men Women Children Cats Male Dogs Female Dogs
Other: _____

***Submission of this form via email, fax or other means of transmission does not obligate The Stafford SPCA to take responsibility for this pet.*

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Dog is aggressive towards (circle all that apply): Men Women Children Cats Male Dogs Female Dogs
Other _____

Does the dog have any (circle all that apply): Food Aggression? Leash Aggression? Fear Aggression? Resource Guarding?

Does the dog have a bite history, either documented or undocumented? Yes No

Other bad/aggressive habits or concerns: _____

Has the dog had any structured training? Yes No **If so, where and when?** _____

What commands does the dog know? _____

Any Health issues: _____

Other things we should know? _____

By signing below, I attest that I am the legal owner of this canine. I understand and agree that submitting this form does not obligate the Stafford SPCA to take ownership or responsibility for this canine.

If the Stafford SPCA is able to accept the surrender of this canine, I understand I will be relinquishing all rights of ownership. I also understand that, upon relinquishment, I may place no demands upon either the adopter or the Stafford SPCA to maintain contact with this canine, or request information about the new owner(s).

I understand that there will be a surrender and listing fee in order for the Stafford SPCA to take ownership of this canine, charged to me, at the discretion of the Stafford SPCA. In addition to a surrender fee, there will also be a continuing care fee charged to me, equal to three months of food, flea, tick, and heartworm preventatives, and possibly an additional fee in order to bring the canine up to date on deficient veterinary care upon surrender. The surrender and continuing care fees will be non-refundable.

I attest that all information included in this form is truthful, accurate, and complete.

SIGNATURE _____

DATE _____

Staff Member: _____ Title: _____ Form received date: _____

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