

Animal Shelter of Schoharie Valley  
304 Howes Cave Road  
Howes Caves New York, 12092

Surrender Application

Date of application: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Sex: \_\_\_\_\_ Color(s): \_\_\_\_\_

Owner Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Street address: \_\_\_\_\_

Home phone: \_(\_\_\_\_)\_\_\_\_\_

Work phone: \_(\_\_\_\_)\_\_\_\_\_

Is this dog spayed/neutered? \_\_\_\_\_

Licensed? \_\_\_\_\_

Does it have its AKC papers? \_\_\_\_\_

How long have you owned this dog? \_\_\_\_\_

Where did you get this dog? \_\_\_\_\_

Dog's breeder (if known): \_\_\_\_\_

Does the breeder know that the dog needs a new home? \_\_\_\_\_

Why are you giving up the  
dog? \_\_\_\_\_

\_\_\_\_\_

Is this dog housebroken? \_\_\_\_\_

Has the dog ever been neglected or abused? \_\_\_\_\_

**Is the dog friendly with:**

\_\_\_\_\_ Adults \_\_\_\_\_ Men \_\_\_\_\_ Women \_\_\_\_\_ Children

\_\_\_\_\_ Strangers \_\_\_\_\_ Other Dogs \_\_\_\_\_ Cats

If "Children" was selected above, please give ages: \_\_\_\_\_

Does the dog alarm bark? \_\_\_\_\_

Do you consider the dog to be protective? \_\_\_\_\_

Has the dog ever bitten anyone or shown other signs of aggression? \_\_\_\_\_

Has the dog ever received obedience training? \_\_\_\_\_

Where was the dog primarily kept? \_\_\_\_\_

Is your dog crate trained ? \_\_\_\_\_

How often and what kind of exercise does the dog get? \_\_\_\_\_

What type and brand of food is the dog currently eating? \_\_\_\_\_

Any food it cannot eat? \_\_\_\_\_

Does the dog know the following commands:

\_\_\_\_\_ Sit \_\_\_\_\_ Stay \_\_\_\_\_ Down \_\_\_\_\_ Heel \_\_\_\_\_ Come

Other commands: \_\_\_\_\_

Is the dog currently under veterinary care? \_\_\_\_\_

**When did the dog last receive the following: Must have valid Veterinarian paper work**

Rabies (note if 1 or 3 year vaccination): \_\_\_\_\_

DHLPP (distemper/parvo): \_\_\_\_\_

Heartworm test (positive/negative): \_\_\_\_\_

Bordetella (kennel cough): \_\_\_\_\_

Lyme disease vaccination: \_\_\_\_\_

Worming: \_\_\_\_\_

Is the dog currently taking heartworm preventative? \_\_\_\_\_

Is anything being used for flea control? \_\_\_\_\_

**Does the dog have any of the following:**

\_\_\_\_\_ Heart Problems

\_\_\_\_\_ Allergies

\_\_\_\_\_ Respiratory Problems

\_\_\_\_\_ Hepatitis

\_\_\_\_\_ Skin Problems

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Digestive Problems

\_\_\_\_\_ Muscular Disease

\_\_\_\_\_ Eye Problems

\_\_\_\_\_ Dental Problems

\_\_\_\_\_ Hip Problems

\_\_\_\_\_ Cancer

Other: \_\_\_\_\_

**Is your dog protective of:**

\_\_\_\_\_ food

\_\_\_\_\_ people

\_\_\_\_\_ toys

\_\_\_\_\_ bed(s)

\_\_\_\_\_ Space i.e. room(s)

If you checked any of these please explain : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you aware of any other medical or behavioral problems that would be important to someone interested in adopting this dog?** \_\_\_\_\_

\_\_\_\_\_

When you are home does your dog:

- Damage household items    Urinate    Defecate    Bark    Cry    No issues

Other \_\_\_\_\_

How does your dog react to bathing/handling such as petting or hugging?

Are there areas of your dog's body on which he does not like to be touched?

- Ears    Mouth    Tail    Collar    Rear end    Paws/ nails    Can touch dog anywhere

Other \_\_\_\_\_

If touched in the above place(s), how does your dog respond?

- Moves away    Shows teeth    Growls    Snaps    Bites    No reaction

Doesn't react negatively when touched anywhere    Other \_\_\_\_\_

Is your dog permitted to sit and/or sleep on furniture?    Yes    No

How does your dog behave in the car?    Enjoys    Afraid    Resists entering    Sleeps

- Barks    Throws up    Urinates/Defecates    Never tried    Fine in a crate/restraint

What words does your dog understand?

- Sit    Stay    Down    Off    Treat/cookie    Come    Leave it    Drop    No

- Fetch    Okay    Heel    Quiet    Doesn't know any commands

Other \_\_\_\_\_

What are your dog's favorite kinds of toys? \_\_\_\_\_

### Possessive History

How does your dog react when you or another family member ... (check appropriate boxes)	No reaction	Never tried	Allows	Lunges	Shows teeth	Growls	Snaps	Bites	Other - please describe
... pet him/her or touch the bowl or food while eating									
... pet him/her or touch a bone, rawhide, pig's ear or other delicious edible while chewing									
... pet him/her or touch a stolen food item									
... pet him/her or touch a stolen object (tissue, shoe, sock, etc.)									
... pet him/her or touch a toy in his/her mouth									
... pet him/her or move him/her while sleeping									
... push or pull him/her off of furniture									
... approach him/her while next to another family member									

### Medical History & Behavior Toward Veterinarian

Does your dog see a veterinarian regularly?    Yes    No    Not sure

If so, which vet hospital? \_\_\_\_\_

Is your dog current on vaccinations?    Yes    No    Not sure

Has your dog ever had surgery?    Yes    No    Not sure

If yes, please explain. \_\_\_\_\_

How does your dog behave during visits to the vet? \_\_\_\_\_

Does your dog have to be muzzled at the vet?    No    Yes

Is there anything else we should know about your dog's medical history? \_\_\_\_\_

\_\_\_\_\_

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Surrender Contract

I, \_\_\_\_\_, being the owner of the following dog, hereby relinquish all claims and ownership of said animal to the organization known as Animal Shelter of Schoharie Valley Inc., and it's Staff. I acknowledge that I will not be able to reclaim this animal once it is in the possession of ASSV, although I may apply to the organization for adoption of the animal, understanding that the final decision for placement of the animal belongs exclusively to ASSV:

Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Age: \_\_\_\_\_

I agree to give ASSV the dog's AKC registration papers, if any, and all available medical records.

I do/ do not (check one) certify that this animal is not vicious and has never shown signs of aggression toward human beings or other animals. (Explain on back)

**\*\*\* If I fail to disclose any previous aggressive behavior (such as attempts to bite, even if no contact was made or food aggression), I agree to reimburse ASSV for all costs and liability it may incur because of the dog's subsequent aggressive behavior.**

I am surrendering this dog to ASSV with the understanding that the organization will attempt to find the animal a suitable home. ASSV and its staff will not be held responsible for the actions of the adoptive or foster families and/or the dog. If ASSV deems this dog to be unsuitable for adoption due to unacceptable temperament or other reasons, I understand that ASSV reserves the right to euthanize the dog.

Signed: \_\_\_\_\_

Phone: (\_\_\_\_\_)\_\_\_\_\_

Print name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_

Phone: (\_\_\_\_\_)\_\_\_\_\_