



Owner Surrender of Dog

Owner Information:

Name: _____ Phone: (_____) _____

Address: _____ City: _____ State/ Zip: _____

Email: _____

Animal Information:

Animal's Name: _____ Animal ID # (office use): _____

Gender: _____ Altered? *YES NO* Animal Type: *CAT DOG OTHER*: _____

Species/ Breed: _____ Colors: _____ Age: _____

Reason for surrender: _____ Returned adoption? *YES NO*

Length of Ownership: _____ Animal's Origin (i.e. shelter, friend, etc.): _____

To the best of your knowledge, has this animal bitten anyone in the last 10 days? *YES* NO*

*Complete Bite Report if yes is marked.

PLEASE READ CAREFULLY AND CHECK BEFORE SIGNING

1. I am 18 years or older and am the lawful owner, or duly authorized representative of the owner, of the above listed animal described. I have unrestricted authority to surrender the animal to the Cheyenne Animal Shelter (CAS). I hereby relinquish to CAS all rights of ownership that I may have in the animal. I understand that CAS has sole discretion over the length of time the animal will be held for adoption or euthanasia and that CAS does not guarantee the placement of any animal.
2. I authorize release of this pet's previous veterinary medical history from _____ to an authorized agent of the Cheyenne Animal Shelter.
3. CAS will NOT release any information about the animal or its final disposition.
4. To the best of my knowledge, the animal has not bitten anyone within the last 10 days immediately prior to the date of surrender, and all information given to CAS is true. I understand that CAS is under no obligation to return the animal to me after the animal is surrendered. If I would like the animal back after surrender, I must follow all CAS adoption procedures, and pay all adoption fees, which may include spaying or neutering costs.
5. I hereby release CAS, discharge, indemnify and hold harmless CAS and its employees from any and all claims, causes of action, and demands of any nature concerning the disposition of the animal.

Please Consider Carefully –

Animals surrendered to CAS will be held for adoption, transferred to another rescue/shelter organization, or euthanized. By signing this contract you understand that you are relinquishing all rights of this animal to the Cheyenne Animal Shelter. You will not be notified of the animal's outcome.

PLEASE CONSIDER MAKING A CONTRIBUTION TO CAS TO SUPPORT THE CARE OF THIS AND OTHER ANIMALS?

Owner's Signature: _____ Date: _____

Staff's Signature: _____ Date: _____



Dog's Preferences & Behavior

In the following blanks, write "L" if dog likes, or "D" if dog dislikes. If "D" dislikes please explain in the provided space.

1. ____ Men

2. ____ Women

3. ____ Older children (ages 13 and up)

4. ____ Younger children (under the age of 13)

5. ____ Strangers: visiting the home/outside/on leash

6. ____ Meeting other dogs: When on/off leash or through barriers

7. ____ Indoor/Outdoor cats

8. ____ Livestock

9. ____ General Grooming (i.e. nail clipping, brushing, bathing)

10. Is there anything that your dog dislikes that is not listed above?



Dog's favorite activities and activity level (i.e. fetch/moderate)

Dog's Routines and Habits

How much time does your dog spend inside/outside in one full day?

When outside, how is your dog confined? (i.e. fence, tether, etc.)

Has your dog ever escaped or damaged a confinement method (i.e. fence, tether, etc.)?

Has your dog shown any signs of separation anxiety or property damage? (**Ask for a supplemental form.*)

Crating:

Is your dog able to be crated when you leave the home? Has there been any crating issues in the home? How long can they be crated for?

House Training:

Has your dog had any issue with house soiling? How does your dog ask to go to the bathroom?



Guarding Behaviors:

1. Guarding from PEOPLE: Food guarding Toy guarding

Dog has: Stiffened posture Growled Barked Lip curled Snapped Bitten

Please explain:

2. Guarding from OTHER DOGS: Food guarding Toy guarding

Dog has: Stiffened posture Growled Barked Lip curled Snapped Bitten Fought

Please explain:

3. Does your dog guard you from other people, or other animals?

Please explain:

Have you attempted to correct any behavior problems by training, management, or medical treatment:

Please explain:



Bite History

Has the dog ever bitten a person (broken skin)? Yes No

If yes, please see front desk for supplemental "Bite Information" form

Has the dog harmed another animal? Yes No

If yes, please see front desk for supplemental Animal Injury forms

Has the dog killed another animal? Yes No

If yes, please see front desk for supplemental "Animal Injury Form"

Please add anything else you would like us to know below:

For staff use only:

Staff Member Initials: _____ **Date:** _____

Filled Out Form OR Reviewed Form