



Canine Surrender Request



Name: _____
 Address: _____
 City/State/ZIP: _____
 Email: _____

Date: _____
 Phone: _____
 Mobile: _____

Dog's Name: _____ Age or Date of Birth: _____

Sex: Spayed Female Neutered Male Un-spayed Female Un-neutered Male

Breed/Description: _____

Reason for Surrender: _____

How did you get the dog: Adopted from JPR Adopted from Shelter/Rescue Gift from Friend/Family
 Purchased from Store/Breeder Stray (found within last 30 days) Stray (found within last 6 months)

When did you get the dog: _____

Does the dog have a primary care vet: Yes No Unknown Do you have records: Yes No

Name of vet or clinic: _____ Phone Number: _____

Describe any medical conditions: _____

If surrendering a litter of puppies, would you like low-cost spay/neuter information: Yes No

Medical Information			
	Yes	No	Unknown
Current on rabies vaccine	Date: _____ <input type="checkbox"/> Tags Present <input type="checkbox"/> No Tags		
Current on distemper vaccine	Date: _____		
Current on kennel cough vaccine	Date: _____		
Current on flea preventative	Date: _____		
Current on heartworm preventative	Date: _____		
Tested for Heartworm	Date: _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative		
PUPPIES: Dewormed	Rd 1 Date: _____ Rd 2 Date: _____		
PUPPIES: Tested for Parvo	Date: _____		
PUPPIES: Boosters	Rd 1 Date: _____ Rd 2 Date: _____ Rd 3 Date: _____		

Personality & Temperament Information								
	Yes	No	Unknown		Yes	No	Unknown	
Good with children				Crate trained				
Good with other dogs				Leash trained				
Good with cats				House broken				
Jump over fence				Toy or food aggressive				
Dig under fence				Ever bitten anyone				

Dog currently lives: Inside Outside Both

Anything else the new owners should know: _____

Describe the ideal home for the dog: _____

Items donated with the dog: _____

Signature: _____

Donation Amount: _____