



S.P.O.T. (Saving Pets One at a Time)
Mail: 910 N. Burlington Blvd. Burlington, WA 98233
Msg. Line: 360-336-5388
Fax: 360-766-7804 / 360-416-8219

DOG SURRENDER FORM

DATE: _____

The information you provide on this form will help us match your dog with an appropriate new home. Please be honest in your answers. S.P.O.T. accepts dogs based on space available and temperament assessment. Available space may delay response to this application for 2 to 3 weeks. Surrender assessments are done by appointment. Although we can not guarantee S.P.O.T. will accept your dog, please come to a surrender appointment prepared to surrender your dog at that time. **You must provide proof of vaccinations (Parvo/Distemper) in the form of veterinary records for us to accept your dog.**

Owner: _____

Mailing Address: _____ Street Address: _____

City: _____ State: _____ ZIP: _____

Day Ph: _____ Evening Ph: _____ Cell Ph: _____ E-mail: _____

Dog's Name: _____ Age/BD: _____ Weight: _____ Gender: _____

Spayed/Neutered? NO / YES At what age? _____ Where? _____

Breed(s): _____ Color/Markings: _____

1. Current Veterinarian: _____ Phone: _____

2. Date of last vaccinations: Rabies: _____ Parvo/Distemper: _____ Bordatella _____

Date of last visit to vet: _____ For? _____

3. Does your dog have any old/new injuries or health issues? NO // YES If yes, please explain: _____

4. Is your dog taking medication or supplements? List: _____

5. Are you this dog's first owner? YES / NO Explain where and why you got this dog: _____

6. Number of people in your household: _____ Gender/Ages: _____

7. Does your dog get along with: (Circle all that apply)

Children Under 10 yrs. Male Dogs Female Dogs Cats Livestock Birds Other small animals

8. Does your dog chase: (Circle all that apply)

Adults Children Skateboards Bicycles Cars Livestock Cats Other: _____

9. Has your dog ever growled at you or anyone? NO // YES Please explain circumstance: _____

10. Has your dog ever bitten? NO // YES Who was bitten? You A child Adult friend Adult stranger

Please explain circumstance: _____

11. Is your dog possessive of food or toys? _____ How does s/he react? _____

_____ Who provokes response? Another dog A child A stranger You

12. Has your dog ever been in a dog fight that caused injuries serious enough to send either dog to the vet? _____

Explain: _____

13. Where does your dog normally stay at night? (Be specific) _____

During the day? _____ How long is dog alone during day? _____

S.P.O.T. (Saving Pets One at a Time)
Mail: 910 N. Burlington Blvd. Burlington, WA 98233
Msg. Line: 360-336-5388
Fax: 360-766-7804 / 360-416-8219

14. Is your dog House Trained ? YES NO Crate Trained ? YES NO Leash Trained ? YES NO
15. What kind of food does s/he eat? _____ When? _____ Amount? _____
16. Has the dog had any obedience training? NO / YES What commands does s/he know? _____

17. Does your dog (circle for "YES") .. jump/climb fences? .. bark a lot? .. dig for something to do? .. chew things?

18. Describe your dog's personality: _____

19. Please explain in detail why you wish to surrender your dog to S.P.O.T. _____

S.P.O.T.'s SURRENDER FEE: \$70.00 for spayed/neutered dog – (\$100.00 for an INTACT dog).

You agree that you, your spouse, and /or any co-owner of the dog described on this form are irrevocably transferring and relinquishing to S.P.O.T. legal ownership of said dog on the date of surrender/acceptance. This gives S.P.O.T. complete authority to take whatever actions in our sole judgment are necessary and in the best interest of the dog.

Owner's Signature: _____ Date signed: _____

* This is an application ONLY and does not obligate surrender or guarantee acceptance. Please do NOT send surrender fee with this form.

S.P.O.T. Use Only

Date of Surrender/Acceptance: _____ Location: _____ By: _____

Staff comments: _____