

	Office Use Only
Date Received:	
by BAM Representative:	
(please circle) Approved / Denied	Fee Amount:
Additional Notes:	

Surrender Request – Dog Information Form

Name:	Phone (Home or Cell):		
Address:	City:		
Secondary Phone:	Email:		
Name of Vet/Clinic:	Vet/Clinic Phone:		
When did the dog last visit the vet a	and why?		
Do you have record that the dog is o	current on routine vaccines? Bordatella, Parvo/Distemper combo, Rabies		
1. Dog's name:	, Age:, Male or Female?, Spayed/Neutered? Yes / No please circle please circle		
2. Are you the dog's original owner?	? Yes / No If not, how long have you had the dog?		
3. How did you get the dog? If adop	ted from a rescue or shelter we may be able to help facilitate the dog being returned		
to that organization			
4. Why are you getting rid of the do	g?		
5. Has the dog ever bitten anyone?	(please circle and explain if "yes") Yes / No		
6. Where is the dog kept? (please circle	le) inside / outside / both 7. Is the dog housebroken? (please circle) Yes / No		
8. Can the dog be alone <i>indoors</i> for	short periods of time without causing problems? Yes / No; long periods? Yes / No		
If no to either/both, please explain	circumstance/behavior:		
9. Can the dog be alone <i>outside</i> for .	short periods of time without causing problems? Yes / No; long periods? Yes / No		
If no to either/both, please explain	circumstance/behavior:		
10. Does this dog have any special d	dietary needs? (please circle and explain if "yes") Yes / No		
11. Where does the dog sleep at nig	ght?		
12. Is the dog afraid of anything in p	particular?		
13. Please circle all commands that Other:			

14. What is your favorite thing to do v	vith this dog?		
15. Please circle any and all traits/beh	aviors that describe the dog:		
lazy	normally active	hyperactive	
obedient	calm/quiet	playful	
friendly	unfriendly	nervous	
protective	aggressive	shy	
destructive	a one-person dog	food/treat motivated	
16. Please circle any and all habits/tra	its/behaviors common for this dog	:	
walks well on a leash	is allowed on furniture	guards toys	
is crate trained	plays with toys	gets into garbage	
chases small animals/people	chases livestock	is well socialized with people	
pulls on leash	strays from home	growls at strangers	
stays uncrated at night	rides well in a car	destroys carpet	
chases bicycles/cars	digs holes in the yard	is well socialized with dogs	
destroys furniture	reacts to uniforms/suits/ha	ts guards food	
climbs/jumps fences if this is th	e case, please specify how high a fo	ence:	
17. Please check any and all that descri	ribe the dog with children:		
has not been around any		_ ignores them	
likes all children		is wary and avoids them	
likes older children but not toddlers		snaps or growls	
is friendly and enjoys playing with them		is friendly but plays too rough	
18. The dog is good with cats? (please of	ircle) Yes / No / Don't know		
19. The dog is good with male dogs? (please circle) Yes / No / Don't know		
20. The dog is good with female dogs?	? (please circle) Yes / No / Don't know		
I certify that I am at least 18 years old	d and am the legal or designated o	wner of the dog, and that the information	
above — and in other verbal and write \mathbf{v}	tten communications about this d	${\sf og-are}$ provided to the best of my knowledge	
and belief. I understand that a fee is	due to Because Animals Matter fo	r accepting my dog into their program (\$50 for a	
dog that is already spayed/neutered	and up-to-date on shots; \$100 for	a dog requiring surgical alteration or vetting).	
Signature of dog owner requesting relinquishment		Date	
I hereby release the dog described at	oove to Because Animals Matter. I	turn over full responsibility and ownership to	
BAM. I agree to indemnify and hold h	narmless BAM and its agents from	any claims arising from this pet and transfer of	
it			
Dog Owner Signature (only accepted at time of approved surrender)		Date	