**MENOMINEE ANIMAL SHELTER**Serving the Counties of Menominee, MI and Marinette, WI

**DOG RELINQUISMENT AGREEMENT / SURRENDER BY OWNER**

**Name of legal owner:** Click here to enter text.

**Name of person surrendering (if different):** Click here to enter text.

In consideration for the acceptance by the Menominee Animal Shelter (MAS) of the animal described on this animal form, I hereby make the following representation and promise to MAS;

I am 18 years or older and am the lawful owner, (or duty authorized representative of the owner with attached written authority or upon verbal authority), of the animal described on the animal form, and I have unrestricted authority to surrender the animal to MAS. I hereby relinquish to MAS all rights of ownership that I or the legal owner may have in the animal.

I understand that MAS does not guarantee placement of the animal or the length of time that the animal will be held for adoption. The decision as to the length of time the animal will be held for adoption and its final disposition, including adoption or euthanasia, is solely at the discretion of MAS.

I understand that MAS is under no obligation to return the animal to me during the period between its surrender and its disposition. If, however, I request return of the animal during such period and MAS is willing to allow this, I will pay all expenses incurred by MAS in connection with holding and caring for the animal. I will also comply with MAS’s adoption procedures, including execution of an adoption agreement in MAS’s customary form and payment of its normal customary adoption fees.

**To the best of knowledge, the animal has not bitten any person or animal in the 10 days immediately prior to the date of surrender and all information about the animal given by me to MAS is true.**

**(initial here) \_\_\_\_**

**RELEASE**

On behalf of myself, the legal owner, and my heirs, personal representatives and assigns, I hereby release, discharge indemnify and hold harmless MAS and its directors, officers, employees and agents from any and all claim, cause of action and demands of any nature, whether know or unknown, arising out of or in connection with MAS’s acceptances, care, treatment, housing or disposition of the animal.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:Click here to enter a date.

Print Name: Click here to enter text. Phone: Click here to enter text.

Address: Click here to enter text.

**Dog Surrender Profile**

***By answering the following questions honestly, you better the chance of your animal being placed in the best home for him/her. Please help us in finding that perfect home by being honest.***

**General Information**

Dog’s Name: dog’s name.

Age or approximate age: age Date of Birth (if known): birthdate.

Color: color. Breed(s) of dog:breed

Gender: Choose an item. Spayed/neutered? Choose an item.

What type of I.D. does this dog have? Choose an item.

**History**

Reason you are surrendering your dog: Click here to enter text.

If we could help you resolve this issue, would you be interested in keeping your dog? Choose an item.

How long have you owned your dog? Click here to enter text.

If less than 6 months, what can you tell us about the previous home? Click here to enter text.

Including your home, how many homes has this dog had? Click here to enter text.

Where did you acquire this dog? Choose an item.

**Medical History**

Your dog’s Vet: Name, Address, Phone#: Click here to enter text.

Date of shots (if known): Click here to enter text.

Did your dog see a Vet at least once/year? Choose an item.

Are his/her vaccinations current? Choose an item.

Has this dog been severely injured or required any surgery? Choose an item.

If yes, please explain: Click here to enter text.

Has this dog been diagnosed with and/or treated for any of the following medical conditions:   
*(check all that apply)*

Allergies  Heart Disease  Respiratory disease  Tumors

Thyroid disease  Organ failure  Heart murmur  URI

Epilepsy or seizures  Kidney disease  Urinary tract infections  Diabetes  Lyme disease *Other:* please explain

**Personality**

**How would you describe your dog most of the time? *(Check all that apply)***

Friendly to family  Shy to family  Good with children

Friendly to visitors  Shy to visitors  Not good with children

Couch Potato  Very active  Fearful

Talkative  Solitary  Affectionate

Playful  Destructive Likes attention

Independent  Calm when left alone Has separation anxiety

A “clown” Aloof Barker

Quiet  Good watch dog  Fearless

**Has your dog ever bitten any person or animal? Yes No  Not Sure**

**If yes, did the bite break the skin? Yes  No  Not Sure**

**How many times has your dog bitten?** Click here to enter text.

**Please explain the circumstances if your dog has bitten:** Click here to enter text.

Does your dog ever get annoyed when you brush/groom him/her? Yes  No

Does your dog allow you to play with his/her feet? Yes No

**Play Style**

How does your dog like to play? *(Check all that apply)*

Plays gently, does not usually use teeth Plays well with other dogs

Likes to play rough, may bite unintentionally Plays well with cats

Not much interest in play Plays well with children

Other *(please explain):* Click here to enter text.

**Lifestyle & Home Life**

What areas of your home did your dog have **access**? *(Check all that apply)*

Indoors only Fenced yard Indoors with access to outside

Unfenced yard Outdoors only Barn/shedOther enter text.

Where did your dog spend **most** of his/her time? *(Check all that apply)*

Bedroom Kitchen  Living room At the window

Kennel Garage or basement  Outdoors only

Barn/shed  Other enter text.

When outside unsupervised, did your dog:

Bark  Dig Escape/run  Seem content

On average, how many times does your dog go out in a 24-hour period? enter text.

When outside, is your dog:  Chained up Running loose On a leash

Kenneled Supervised  Other enter text.

Is your dog used to being home alone? Yes  No If yes, how long? How long

Is your dog destructive when left home alone? Yes  No Sometimes

Where was your dog kept when left home alone? Free roam of house  Kennel

Confined to a room Garage or basement Outdoors only

Barn/shed Other enter text.

**House Training**

Does your dog poop or pee in the house? Yes No Sometimes

If yes, how often? Poop enter text.  Pee enter text.

If yes, has your dog been to the Vet to rule out infection or other health issues?

No Yes What did the Vet recommend? enter text.

**Socialization**

Are there **other animals** in your home? No Cats Other dogs

Birds  Rodents Other

If your dog has lived with other dogs, how did they interact? Click here to enter text.

If your dog has lived with cats, how did they interact? Click here to enter text.

Has your dog regularly been around **children**? Yes  No  Not Sure

If yes, indicate what ages: 0-2 yrs 3-5 yrs  6-10 yrs11-18 yrs

If your dog lived with children under the age of 7, how did they interact? *(Check all that apply)*

Dog actively avoided child Child could pet the dog The dog & child played together

Dog growled at child They ignored each other

Mutual adoration Other enter text

Have the experiences with the dog and child(ren) always been positive? Yes  No

If no, please explain enter text

Your dog is most comfortable with: Women Men Children

Teenagers Seniors Loves all people

**Training**

Does your dog like riding in the car? Yes  No

Does your dog know any commands? Yes  No

If yes, what are they? Sit Stay Heal on leash Lie down

Come Shake  Other enter text.

Does your dog walk on a leash willingly? Yes  No Sometimes

Has your dog had any obedience training? Yes  No

If yes, please explain enter text.

**Behavior**

**How does your dog react to or play with each of the following?**

*(Aggressively means that your dog growls, bares teeth, bites, lunges, or otherwise tries to do harm)*

Children Choose an item. Men Choose an item.

Women Choose an item. People in uniform Choose an item.

Visitors Choose an item. Jogger/cyclists Choose an item.

Cats Choose an item. Other dogs Choose an item.

**How does your dog respond in each of the following situations?**

Removal of a toy Choose an item. Removal of food Choose an item.

Being awakened from sleep Choose an item. Having nails clipped Choose an item.

Being groomed Choose an item.

**Dietary Habits**

What is your dog’s favorite brand of **food**? Click here to enter text.

Which type of food does your dog eat? Dry only Canned only

Combination of dry/canned People food Click here to enter text.

How often is your dog fed? Food always available Designated mealtime

What type of **treats** does your dog enjoy? Click here to enter text.

Please add any additional comments about your dog. Thank You! Click here to enter text.