

## **Dog Surrender Form**

11878 PA 85, Kittanning, PA 16201

724-548-4520 | www.orphansofthestorm-pa.org

Humane Police Officer O'Donnell, phone 724-954-9515, email <a href="mailto:HumaneOfficerAC@gmail.com">HumaneOfficerAC@gmail.com</a>

PLEASE BE HONEST to help us place your dog with people who understand its shortcoming and achievements. This will help the adoption to be successful and avoid your dog being returned to the shelter.

Please feel free to continue any of your answers on the back.

1. What is your dog's name?	Sex	:
		Color:
3. Where did you obtain the dog?		
4. Why are you giving up the dog?		
5. Is the dog housebroken?	Does he/she have accidents?	If yes, please explain:
6. Does the dog chew furniture or o	other objects in the home?	
7. Is the dog ever kept outside?	If yes, for how long?	
8. Does the dog like riding in the ca	ar?	
9. Is the dog afraid of anything?		
10. Is the dog good with children?	Ages of the children the	e dog has been around:
11. Is the dog good with other anim	nals? If yes, what kinds?	
12. Has the dog ever bitten anyone	? If yes, what exactly were	e the circumstances?
13. Does the dog bark when someo	ne comes around?	
14. Has the dog had any obedience	training? If so, to what ex	tent?
15. Does the dog know any tricks?		
16. When was the dog's last vetering	narian visit?What was the	ne vet's name?
17. Is the dog current on vaccinatio	ns and wormings?	
18. Does the dog have any known h	nealth problems?	If yes, please explain
19. Is the dog spayed or neutered?	If yes, do	you have the certificate?
20. What do you feed the dog?	Но	w much/ often?
Inc. (OOTS) I have the authority t any influence in charges that may b It is expressly agreed that said OC	to do so, and do so voluntarily, we filed. ( <i>Initial</i> )	est of the above dog (s) to Orphans of the Storm, ithout duress or coercion, and without expectation of All animals become at once the property of OOTS. the on account of such disposition of the of the (these) imal(s) in any format, in all media, for any purpose.
PLEASE PRINT Name:		Date:
Address:		
Home phone:	Cell:	Email:
Signature:	Donation:	Received by: