



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? \_\_\_\_\_

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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: \_\_\_\_\_