

Animal Shelter of Schoharie Valley  
304 Howes Cave Road  
Howes Caves New York, 12092

Surrender Application

Date of application: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Sex: \_\_\_\_\_ Color(s): \_\_\_\_\_

Owner Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Street address: \_\_\_\_\_

Home phone: \_(\_\_\_\_) \_\_\_\_\_

Work phone: \_(\_\_\_\_) \_\_\_\_\_

Is this dog spayed/neutered? \_\_\_\_\_

Licensed? \_\_\_\_\_

Does it have its AKC papers? \_\_\_\_\_

How long have you owned this dog? \_\_\_\_\_

Where did you get this dog? \_\_\_\_\_

Dog's breeder (if known): \_\_\_\_\_

Does the breeder know that the dog needs a new home? \_\_\_\_\_

Why are you giving up the  
dog? \_\_\_\_\_

Is this dog housebroken? \_\_\_\_\_

Has the dog ever been neglected or abused? \_\_\_\_\_

**Is the dog friendly with:**

\_\_\_\_\_ Adults \_\_\_\_\_ Men \_\_\_\_\_ Women \_\_\_\_\_ Children

\_\_\_\_\_ Strangers \_\_\_\_\_ Other Dogs \_\_\_\_\_ Cats

If "Children" was selected above, please give ages: \_\_\_\_\_

Does the dog alarm bark? \_\_\_\_\_

Do you consider the dog to be protective? \_\_\_\_\_

Has the dog ever bitten anyone or shown other signs of aggression? \_\_\_\_\_

Has the dog ever received obedience training? \_\_\_\_\_

Where was the dog primarily kept? \_\_\_\_\_

Is your dog crate trained ? \_\_\_\_\_

How often and what kind of exercise does the dog get? \_\_\_\_\_

What type and brand of food is the dog currently eating? \_\_\_\_\_

Any food it cannot eat? \_\_\_\_\_

Does the dog know the following commands:

\_\_\_\_\_ Sit \_\_\_\_\_ Stay \_\_\_\_\_ Down \_\_\_\_\_ Heel \_\_\_\_\_ Come

Other commands: \_\_\_\_\_

Is the dog currently under veterinary care? \_\_\_\_\_

**When did the dog last receive the following: Must have valid Veterinarian paper work**

Rabies (note if 1 or 3 year vaccination): \_\_\_\_\_

DHLPP (distemper/parvo): \_\_\_\_\_

Heartworm test (positive/negative): \_\_\_\_\_

Bordetella (kennel cough): \_\_\_\_\_

Lyme disease vaccination: \_\_\_\_\_

Worming: \_\_\_\_\_

Is the dog currently taking heartworm preventative? \_\_\_\_\_

Is anything being used for flea control? \_\_\_\_\_

**Does the dog have any of the following:**

\_\_\_\_\_ Heart Problems

\_\_\_\_\_ Allergies

\_\_\_\_\_ Respiratory Problems

\_\_\_\_\_ Hepatitis

\_\_\_\_\_ Skin Problems

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Digestive Problems

\_\_\_\_\_ Muscular Disease

\_\_\_\_\_ Eye Problems

\_\_\_\_\_ Dental Problems

\_\_\_\_\_ Hip Problems

\_\_\_\_\_ Cancer

Other: \_\_\_\_\_

**Is your dog protective of:**

\_\_\_\_\_ food

\_\_\_\_\_ people

\_\_\_\_\_ toys

\_\_\_\_\_ bed(s)

\_\_\_\_\_ Space i.e. room(s)

If you checked any of these please explain : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you aware of any other medical or behavioral problems that would be important to someone interested in adopting this dog?** \_\_\_\_\_

\_\_\_\_\_

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Surrender Contract

I, \_\_\_\_\_, being the owner of the following dog, hereby relinquish all claims and ownership of said animal to the organization known as Animal Shelter of Schoharie Valley Inc., and it's Staff. I acknowledge that I will not be able to reclaim this animal once it is in the possession of ASSV, although I may apply to the organization for adoption of the animal, understanding that the final decision for placement of the animal belongs exclusively to ASSV:

Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Age: \_\_\_\_\_

I agree to give ASSV the dog's AKC registration papers, if any, and all available medical records.

I   do/   do not (check one) certify that this animal is not vicious and has never shown signs of aggression toward human beings or other animals. (Explain on back)

**\*\*\* If I fail to disclose any previous aggressive behavior (such as attempts to bite, even if no contact was made or food aggression), I agree to reimburse ASSV for all costs and liability it may incur because of the dog's subsequent aggressive behavior.**

I am surrendering this dog to ASSV with the understanding that the organization will attempt to find the animal a suitable home. ASSV and its staff will not be held responsible for the actions of the adoptive or foster families and/or the dog. If ASSV deems this dog to be unsuitable for adoption due to unacceptable temperament or other reasons, I understand that ASSV reserves the right to euthanize the dog.

Signed: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Print name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_