

Worcester Animal Rescue League  
Dog Surrender form

Your *honest* answers will help us find the most appropriate home for your dog.

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

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

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

Color: \_\_\_\_\_

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

Male / Female

Spayed / Neutered

1. What are your reasons for surrendering the dog? \_\_\_\_\_
2. How long have you had the dog? \_\_\_\_\_
3. Where did you get the dog? \_\_\_\_\_
4. Please list the ages of children in your household: \_\_\_\_\_
5. What other animals has your dog lived with? \_\_\_\_\_
6. Does your dog get along well with other dogs? \_\_\_\_\_
7. Does your dog get along well with cats? \_\_\_\_\_
8. How many hours can your dog wait before going to the bathroom? \_\_\_\_\_
9. Do you currently use a crate with your dog in any capacity? Overnight / Housetraining
10. Has your dog been enrolled in any formal obedience classes? Yes / No
11. Please circle the commands your dog knows: Sit Stay Down Off Leave it Paw
12. Please circle the words that best describe your dog:  
Affectionate Playful High Energy Destructive Fearful Tolerant Rough  
Gentle Quiet Vocal Independent Attentive Stressed  
Shy Smart Aggressive Dominant Friendly
13. Can your dog jump a fence? \_\_\_\_\_ If so, how high? \_\_\_\_\_
14. Do you leash walk your dog? Yes / No If so how many times a day \_\_\_\_\_  
What is the duration of those walks? 20min / 30min / 45min / 60min  
How does your dog behave on a leash? Heals / Pulls
15. Can you easily take objects from your dog's mouth? Yes / No Toys / Food Bowl
16. How does your dog behave in the car? Cries / Vomits / Pants / Fine
17. Is your dog normally muzzled during visits to the vet? Yes / No

18. Where does your dog NOT like to be touched? Mouth / Ears / Paws / Tail

19. Does your dog have any past or present medical conditions? Yes / No

If so, please list them here. \_\_\_\_\_

20. Is your dog currently on any medications or diets, including heartworm prevention, and de-wormer?  
Yes / No If so, please list them here \_\_\_\_\_

21. Is your dog up to date on his/her rabies and distemper vaccines? Yes / No

22. Please provide the name, and phone number of your dog's veterinarian \_\_\_\_\_

23. Has this dog ever bitten anyone? Yes / No If so, please explain \_\_\_\_\_

The Worcester Animal Rescue League is committed to finding the best home possible for your dog.

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

Owner's Name: \_\_\_\_\_

Street / City / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_