Dog Surrender Application  
Young-Williams Animal Center

Dog's Name: ___________________________ Age: ___________  Sex: [ ] Male  [ ] Female

Breed: ___________________  Color: _______________  Spayed/Neutered? [ ] Yes  [ ] No

Why do you need to give up your dog? _______________________________________________________

Would any of the following resources help you keep your dog?

[ ] Free pet food  [ ] Funds for pet deposit  [ ] Free dog training  [ ] Crate  [ ] Dog house
[ ] Toys, beds, other supplies  [ ] Flea control  [ ] Financial Aid Resources for Vet Care
[ ] Other: ____________________________________________

Where did you get your dog from?  [ ] Friend/relative  [ ] Classified/online ad  [ ] Pet Store  [ ] Found  [ ] Breeder

[ ] Young-Williams  [ ] Other Shelter/Rescue (which one?) __________________________ [ ] Other ____________________

How long have you owned your dog? __________________________________________________________

How long have you been attempting to find your dog a new home? __________________________________

Where have you advertised your dog?  [ ] Knoxville Pet Lovers Facebook Group  [ ] Personal Facebook page

[ ] Craigslist  [ ] Adopt-A-Pet  [ ] Rehoming Pets in Knoxville Facebook Group

[ ] Knoxville Animal Lovers  [ ] Other: _______________________________________________________________

Where does your dog spend its time? [ ] Inside only  [ ] Inside mostly  [ ] Outside day/inside night  [ ] Outside only

For outside dogs, how is your dog confined?  [ ] Fenced yard  [ ] Invisible fence  [ ] Chain/runner  [ ] Cage  [ ] Other

Are there any types of confinement that don’t work/your dog escapes from? _______________________

What type(s) of animals has your dog lived with, or spent time with?

Dogs:  [ ] Loves!  [ ] Likes  [ ] Ignores  [ ] Doesn’t like  [ ] Has hurt or killed

Cats:  [ ] Loves!  [ ] Likes  [ ] Ignores  [ ] Doesn’t like  [ ] Has hurt or killed

Other animals ____________________________  [ ] Loves!  [ ] Likes  [ ] Ignores  [ ] Doesn’t like  [ ] Has hurt or killed

Has your dog been around children?  [ ] No  [ ] Not often  [ ] Yes, visiting kids  [ ] Yes, lived with kids

Would you recommend placing your dog in a home with children?  [ ] Yes  [ ] No  [ ] Older children only

Why? ______________________________________________________________________________________
Has your dog ever bitten anyone?  □ No  □ Yes, date of last bite that broke skin: __________________________

If your dog has ever bitten a person, please describe in detail what led to your dog biting:
_________________________________________________________________________________________________

What type of home would your dog do best in?  □ Very Active  □ Somewhat active  □ Calm & quiet

What is your dog’s favorite thing to do?  ________________________________________________________________

Is your dog housetrained?  □ Yes  □ No  □ Has accidents when left too long  □ Has accidents regularly

Please check all that apply to your dog:  □ Loves kids  □ Needs lots of exercise  □ Afraid of loud noises
□ Escapes  □ Needs training  □ Can’t be left alone  □ Loves toys  □ Will bite if food is taken away
□ Scared of strangers  □ Destroys furniture or household items  □ Knows tricks/commands
□ Guards property  □ Guards food or bones  □ Guards toys  □ Guards people

Does your dog have any medical issues?  □ No  □ Yes (describe) __________________________________________

Name of Veterinary Clinic:  ____________________________________________________________

Is your dog current on vaccines?  □ Yes  □ No  □ Unsure

Is your dog current on heartworm preventative?  □ Yes, date given: _____________  □ No  □ Unsure

Does your dog have any allergies that you’re aware of?  □ No  □ Yes (describe) __________________________

Describe your dog in 3 words:  _______________________________________________________________

Describe the ideal home for your dog:  ___________________________________________________________

Is there anything else you’d like to tell us, or your dog’s adopter?  ___________________________________

_________________________________________________________________________________________________

Please return this completed form to:
Young-Williams Animal Center
Pet Resource Center

E-mail to: pethelp@young-williams.org

text a photo of the form to: (865)363-6702
Fax: (865)215-6667