

Date: _____

(Staff) Shelterluv Animal ID# _____

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