

# Night Sky Rescue

## Owner Surrender Form

### DOG INFORMATION

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

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

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

**Sex:**  Male  Female

**Spayed/Neutered:**  Yes  No  Unknown

**Color/Markings:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**Microchipped:**  Yes  No

If yes, company & number: \_\_\_\_\_

**Current Vaccinations:**  Yes  No  Unknown

Please list known vaccines and dates if available:

**Current Medications:** \_\_\_\_\_

**Known Medical Conditions/Injuries:** \_\_\_\_\_

**Veterinarian Name & Phone Number:** \_\_\_\_\_

## REASON FOR SURRENDER

Please explain why you are surrendering this dog:

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

Where did you obtain this dog?

Breeder

- Shelter/Rescue
- Found Stray
- Friend/Family
- Other: \_\_\_\_\_

## BEHAVIOR INFORMATION

Please answer honestly. Accurate information helps us safely place your dog.

**Has this dog ever shown any of the following behaviors?**

Behavior	Yes	No
Growling at people	<input type="checkbox"/>	<input type="checkbox"/>
Snapping/Air snapping	<input type="checkbox"/>	<input type="checkbox"/>
Bitten a person	<input type="checkbox"/>	<input type="checkbox"/>
Bitten another animal	<input type="checkbox"/>	<input type="checkbox"/>
Resource guarding food/toys	<input type="checkbox"/>	<input type="checkbox"/>
Separation anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Escaping/fence jumping	<input type="checkbox"/>	<input type="checkbox"/>
Excessive barking	<input type="checkbox"/>	<input type="checkbox"/>
Fearful of strangers	<input type="checkbox"/>	<input type="checkbox"/>
Fearful of dogs	<input type="checkbox"/>	<input type="checkbox"/>
Reactive on leash	<input type="checkbox"/>	<input type="checkbox"/>
Crate trained	<input type="checkbox"/>	<input type="checkbox"/>
House trained	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any above, please explain:

### Bite History

Has this dog ever bitten a person or animal?  Yes  No

If yes, please explain in detail including severity, circumstances, medical treatment needed, and approximate dates:

# DOG TEMPERAMENT & DAILY LIFE

How does the dog behave around:

**Children:** \_\_\_\_\_

**Men:** \_\_\_\_\_

**Women:** \_\_\_\_\_

**Dogs:** \_\_\_\_\_

**Cats/Other Animals:** \_\_\_\_\_

Energy Level:

- Low
- Moderate
- High
- Very High

Favorite activities/toys:

Known commands/training:

Any fears or triggers?

## OWNER STATEMENT & RELEASE

I certify that I am the legal owner of this dog and have the authority to surrender this animal to Night Sky Rescue.

I understand that by surrendering this dog, ownership is permanently transferred to Night Sky Rescue. I understand that Night Sky Rescue will evaluate the dog and make all decisions regarding medical care, behavior evaluations, placement, transfer, rehabilitation, or humane euthanasia if deemed necessary for safety or quality of life.

I understand that Night Sky Rescue cannot guarantee placement or adoption.

I certify that all information provided is truthful and accurate to the best of my knowledge. Failure to disclose known behavioral or medical issues may place people and animals at risk.

## OWNER INFORMATION

**Full Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Driver's License/ID Number:** \_\_\_\_\_

## **SIGNATURES**

**Owner Signature:** \_\_\_\_\_

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

## **NIGHT SKY RESCUE USE ONLY**

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

Dog Intake ID: \_\_\_\_\_

Received By: \_\_\_\_\_

Behavior Notes: \_\_\_\_\_

Medical Notes: \_\_\_\_\_