



OWNERSHIP RELINQUISHMENT

Owner Name (Print): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work or Cell Phone: _____ Email: _____

Dog's Name: _____ AKC Reg. No. _____

Male _____ Female _____ Age: _____ Coat Color: _____

Tattoo or Microchip Number (if available): _____ Registry: _____

Reason for surrender: _____

Age of dog when obtained: _____ DOB _____

MEDICAL INFORMATION

*Please attach all vet records **including rabies certificate signed by veterinarian***

Name of Veterinarian & Clinic: _____

Address of Veterinarian & Clinic: _____

Telephone #: _____

Has your dog been spayed or neutered? Yes _____ No _____

Name of Veterinarian providing this service: _____

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Please indicate the date of the last vaccination for:

RABIES: _____ DHLP: _____ PARVO: _____
CORONA: _____ BORDETELLA _____ LYME: _____
OTHER: _____

Date of last Heartworm test: _____ Last Heartworm Medication: _____

Does your dog have any physical impairments or medical problems that he/she has been treated for?
Any past injuries?

List current medications: _____

TEMPERAMENT

The Owner hereby states that this dog has not bitten a human or shown unprovoked aggression towards another domestic animal. _____ (*Owner's initials*)

OR, describe in detail any situation where this dog has bitten a human or shown aggression towards another domestic animal (attach additional pages as necessary):

HISTORY

Is the dog primarily: House dog _____ Outside dog _____ Both _____

Is the dog housebroken? _____ If not, why? _____

Can the dog be trusted to stay by itself in the house for extended periods of time? _____

If not, why? _____

Does the dog jump fences? _____ If so, how high? _____

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Has the dog been kept on a chain? _____ If so, why? _____

Where does the dog sleep? _____

When the dog is normally fed? _____ Where? _____

What brand of dog food does the dog eat and quantity? _____

Describe any reaction to grooming (brushing, combing, toe nail clipping, bathing)

BEHAVIORS:

	Yes	No	Unknown or n/a
Tear Furniture/Carpet	_____	_____	_____
Dump Trash	_____	_____	_____
Bark/Howl/Whine	_____	_____	_____
Roam	_____	_____	_____
Digs	_____	_____	_____
Mark its territory	_____	_____	_____
React to Uniforms	_____	_____	_____
Walk on Leash	_____	_____	_____
Ride Well in Car	_____	_____	_____
Chew & on what	_____	_____	_____
Jump on people	_____	_____	_____
Crate Trained	_____	_____	_____
Chase:			
Motor Vehicles	_____	_____	_____
Bicycles	_____	_____	_____
Cats	_____	_____	_____
Afraid of:			
Storms	_____	_____	_____
Strangers	_____	_____	_____
Steps	_____	_____	_____
Loud noises	_____	_____	_____
Children	_____	_____	_____
Firecrackers	_____	_____	_____
Vacuum	_____	_____	_____
Passing cars	_____	_____	_____
Bicycles	_____	_____	_____

Other (Explain): _____

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How would you describe your Dog? (circle all that apply)

Shy	Friendly	Destructive	Noisy	Easy Going
Active	Obedient	Playful	Protective	Stubborn
Quiet	Aggressive	Nervous	Neurotic	One Person dog
		Reserved		

Other _____

Age of children dog has been exposed to? ___ Baby to 5 yrs ___ 5-9 ___ 10-13 ___ Older

Reaction to children? _____

Reaction to strangers? _____

Reaction to door bell or knocking at door? _____

Strong preference for a male vs. female human? Which? Male Female

Attended any obedience classes or other training? YES NO

To what level? _____

Commands that your dog responds to or knows (please circle):

SIT DOWN/DROP STAY HEEL SHAKE ROLLOVER

Others: _____

How was the dog cared for when you were on vacation? _____

Source of Dog

Friend ___ Pet Shop ___ Gift ___ Stray ___ Breeder ___

Animal Shelter ___ Abandoned ___ Other ___

Explain if other: _____

Please give name, address & telephone number if your dog was obtained through a Shelter, Rescue Group, Breeder or Pet Shop _____

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What attracted you to this dog at the beginning?

What are the best things about having this dog in your home?

I understand that every effort will be made to place my dog into a good home; however, in surrendering him/her to Top Dog Foundation, I relinquish all rights to this dog and realize the final disposition of this dog is at the discretion of the rescue organization.

I understand that I may offer a donation to Top Dog Foundation to help defray the cost of feeding, boarding, and medical examination/treatment of the relinquished dog.

Check# _____ amount \$ _____

- or -

:

ONLINE DONATION

Owner's Initials _____

OWNERSHIP RELINQUISHMENT

By signing below, I acknowledge and agree to each of these following statements:

To the best of my knowledge, all questions are answered accurately and as completely as possible and do not willfully misrepresent either the health or temperament of the relinquished dog.

I surrender to the Top Dog Foundation the animal described herein, for the purpose of adoption or euthanasia.

Top Dog Foundation has my permission to contact my veterinarian to discuss any questions related to this dog's health history or care.

I relieve Top Dog Foundation of all liability.

I have the authority to enter into this agreement as owner(s) or keeper(s) of this animal.

Owner's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Top Dog Foundation

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