



## Surrender Form

The following pages request information about your dog in order to help us find a new forever home. It is important that you give us as much information as possible so that we can make the best match.

### **TOP DOG FOUNDATION**

5120 Vega Avenue New Germany, Minnesota 55367 [www.topdogfoundation.org](http://www.topdogfoundation.org)  
(952) 353-2122

**Owner Name** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_ Coat Color: \_\_\_\_\_

Tattoo or Microchip Number (if available): \_\_\_\_\_ Registry: \_\_\_\_\_

Reason for surrender: \_\_\_\_\_

Age of dog when obtained: \_\_\_\_\_ DOB \_\_\_\_\_

## 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? \_\_\_\_\_

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)

## MEDICAL INFORMATION

***Please attach copies of 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: \_\_\_\_\_

Please indicate the date of the last vaccination for:

|               |                  |              |
|---------------|------------------|--------------|
| RABIES: _____ | DHLP: _____      | PARVO: _____ |
| CORONA: _____ | BORDETELLA _____ | LYME: _____  |
| OTHER: _____  | FECAL _____      |              |

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?

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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):

## **BEHAVIORS**

Barks/Howls/Whines   
Dumps Trash   
Digs   
Jump on people   
Mark its territory   
Roams

## **ACCEPTANCE**

Handles Steps   
Walk on Leash   
Crate Trained   
Ride Well in Car   
Tears Furniture/Carpet

## **FEARS OR NEGATIVE REACTIONS**

Bicycles   
Cats   
Children   
Firecrackers   
Loud noises   
Motor Vehicles

Passing cars   
React to Uniforms   
Storms   
Strangers   
Vacuums

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

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

**Age of children dog has been regularly exposed to and dog's reaction?**

- |               |                          |
|---------------|--------------------------|
| Baby to 5 yrs | <input type="checkbox"/> |
| 5-9           | <input type="checkbox"/> |
| 10-13         | <input type="checkbox"/> |
| Older         | <input type="checkbox"/> |

Reaction to strangers? \_\_\_\_\_

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 \_\_\_\_\_

**What attracted you to this dog at the beginning?**

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

**I am providing a *voluntary* donation to Top Dog Foundation to help defray the cost helping this relinquished dog.**

Check# \_\_\_\_\_ amount \$ \_\_\_\_\_  
-or- Credit

**Card**

**Type:** \_\_\_\_\_

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

**Name on Card:** \_\_\_\_\_

**Security Code (back of card)** \_\_\_\_\_

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

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

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

**In surrendering this dog to Top Dog Foundation, I waive any rights, privileges, or information and identity concerning choice of foster or adoptive persons/families which will be the exclusive responsibility of Top Dog Foundation.**

**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 if the latter is deemed necessary by the Foundation due to the animal's great intractable suffering or very poor quality of life as judged. 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: \_\_\_\_\_

Please return (email or regular post) this complete document to

**Top Dog Foundation**  
**5120 Vega Avenue**  
New Germany, MN 55367 email: [admin@topdogfoundation.org](mailto:admin@topdogfoundation.org) phone: (612) 276-2334  
Office: (952) 353-2122