



# Owner Surrender Form



Has your dog(s) ever bitten anyone? Yes  No

Has your dog(s) ever bitten another dog? Yes  No

Is your dog(s) good with other dogs? Yes  No

Did your dog (s) live in a home with children? Yes  No

If yes, please give ages of children \_\_\_\_\_

Were you advised by the DSPCA to attend training classes with your dog(s)? Yes  No

Did you attend training classes with your dog? Yes  No

If YES, please give;

Name of trainer: \_\_\_\_\_

Date of training: \_\_\_\_\_

Length of training course: \_\_\_\_\_

If NO, please give reason why you did not attend training classes. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your dog toilet trained? Yes  No

Where did your dog sleep at night? \_\_\_\_\_

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I agree that all the information I have provided above is true and correct. Please Tick

Owners Signature \_\_\_\_\_

