

Paris Animal Welfare Society, Inc. Location: _____

Owner Surrender Form for Dog (s) ID # _____

Please Print:

Name _____ Date _____

Address _____

City _____ State _____ Zip _____ County _____

Mailing address if different _____

Home Phone _____ Work or Cell # _____

Name of Dog _____ Age _____ Breed _____

Circle one: Male or Female Circle one if applicable: Spayed or Neutered (fixed)

How long have you had the dog? _____

Where did you get the dog? _____

Why are you giving up this dog? _____

Who is your vet? _____ Date of last vaccinations? _____

Does the dog have any medical conditions? If so, please list _____

Has the dog ever bitten anyone? If so, explain _____

Is the dog house trained? Yes or No Is the dog crate trained? Yes or No

Was the dog allowed in the house? Yes or No If yes, when _____

Did the dog sleep inside or outside? _____

Is the dog good with other dogs? Please explain _____

Has the dog been around children? Yes or No What ages? _____

How does the dog behave with children? _____

Has the dog ever injured/killed another animal? Yes or No If yes, please explain _____

Has the dog been around cats? Yes or No If yes, how did they interact? _____

Any additional info will help us find the dog a new home. _____

SURRENDER CONDITIONS: I, as the owner, hereby relinquish all ownership rights to the animal(s) described above to the P.A.W.S. Animal Shelter for attempted adoption or euthanasia at their discretion. I understand the animal(s) stated above will become property of P.A.W.S. immediately and there is no set holding period. I understand my ownership rights are terminated and I cannot reclaim the animal(s) and no information will be given to me concerning the animal's status. I certify to the best of my knowledge that said animal(s) has not bitten anyone in the last 14 days.

Signature of Owner

Driver's License

Photo ID

Staff Signature

Date and Time