



# HELPING PAWS ANIMAL SHELTER

## DOG OWNER RELINQUISHMENT FORM

To provide the best care for your pet, it is necessary to have your pet's behavioral and medical histories available for review. Please complete the following information so we may get to know your pet better and obtain their medical records from your veterinarian.

Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

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

Email: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M or F

Breed/Mix: \_\_\_\_\_ Description: \_\_\_\_\_

Reason for relinquishing dog? \_\_\_\_\_

Did you adopt the dog from HP? Y or N How long ago? \_\_\_\_\_ If YES, name of dog at adoption \_\_\_\_\_

Does dog belong to you? Y or N If NO what is your relationship to owner \_\_\_\_\_

Is your dog spayed/neutered? Y or N If YES, when? \_\_\_\_\_

Do you have other pets? Y or N If YES, indicate \_\_\_\_\_

How does your dog behave around family? Indicate ages and number of adults/children in household.

\_\_\_\_\_  
\_\_\_\_\_

A. Around strangers? \_\_\_\_\_

B. Around children? \_\_\_\_\_

C. Around other animals? \_\_\_\_\_

What are some of your dog's favorite games, toys or activities? \_\_\_\_\_

\_\_\_\_\_

Is the dog housebroken? Y or N

Does dog bark excessively? Y or N. If yes, please explain: \_\_\_\_\_

Has the dog ever bitten anyone: Y or N If yes, please explain circumstances: \_\_\_\_\_

Is dog trained to walk on leash? Y or N

How much exercise does the dog get on a daily basis?

20 minutes \_\_\_\_\_ 40 minutes \_\_\_\_\_ Hour or more \_\_\_\_\_

How many times a day is the dog taken out to relieve itself?

1 time \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_

Has dog been tested for heartworm? Y or N Result: \_\_\_\_\_

Is the dog currently on heartworm preventative? Y or N

Is dog currently on any medications? Y or N Please List: \_\_\_\_\_

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**I GIVE PERMISSION TO HELPING PAWS ANIMAL SHELTER TO CONTACT MY VETERINARIAN AND OBTAIN MY PET'S MEDICAL HISTORY.**

\_\_\_\_\_  
**SIGNATURE\***

\_\_\_\_\_  
**PRINT NAME\***

\_\_\_\_\_  
**DATE**

\*Please provide vets name and phone number plus hospital name.

**VETERINARIAN NOTE:** Please fax all records to Helping Paws Animal Shelter at 815-338-4406.

For more information, please call us at 815-338-4400

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Please Note:

- ✓ The dog will be required to pass a temperament test if consideration is given to the relinquishment.
- ✓ The Relinquishment Fee will be determined by what medical and veterinarian care will be needed prior to its being adopted from Helping Paws Animal Shelter.
- ✓ The dog cannot be taken back by its owner once it has been relinquished to Helping Paws.

Name of HP representative reviewing questionnaire: \_\_\_\_\_