

DOG RELEASE FORM

The SPCA of Anne Arundel County

1815 Bay Ridge Ave. Annapolis MD 21403

www.aacsnca.org

410-268-4388 Fax 410-268-8077

Date:

Sign in Staff:

Animal #:

OWNER'S INFORMATION

Name: _____ Driver's License #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ County: _____

Owner if different then above: _____ Home Phone: _____

Reason for surrendering animal: _____

I do / do not wish to be called to reclaim dog if deemed unadoptable by the SPCA.

DOG'S BEHAVIOR

Has the dog ever scratched or bitten? YES NO

If YES, when was the most recent bite/scratch? _____ Who was involved? _____

Please explain the circumstances: _____

Can you approach the dog while s/he is eating? YES NO If NO, what does the dog do? _____

Has s/he lived with any children? YES NO If YES, what ages? _____

How did s/he do with the children? _____

Is the dog housebroken/crate trained? YES MOSTLY PARTLY NO

Has the dog ever jumped/dug under a fence? YES NO UNK How high is your fence? _____

Has the dog ever reacted negatively or aggressively toward anyone? YES NO

If YES, who and what happened? _____

How does the dog react to other dogs? _____ Cats? _____

If the dog has ever reacted negatively or aggressively with another dog/cat, please give us some details about the other dog/cat and what happened: _____

If the dog has been to a boarding kennel, did s/he lose/gain weight? YES NO

DOG'S INFORMATION

Part of a group? YES NO # _____

Pet's Name: _____ Age: _____ years months weeks

Breed: _____ Purebred? YES NO

Color(s): _____ Special Markings: _____

Sex: _____ Spayed/Neutered? YES NO UNKNOWN

How long have you had the pet? _____ Where did you get the pet? _____

VETERINARY HISTORY

Microchip # _____

Veterinary Clinic(s) Used: _____ Last Date Seen: _____

Clinic(s) Location: City _____ State: _____ Name Records are under: _____

Has the pet had any medical problems? YES NO If YES, what problems? _____

Has the pet ever had a litter? YES NO If YES, when? _____ Last heat cycle? _____

Is the pet on any medications (include flea, heartworm)? YES NO If YES, what medications? _____

_____ why? _____ dates given? _____

Please circle any medical concerns that occurred within the last 2 weeks? NONE See Back

Diarrhea Lethargy Eaten a foreign object (what: _____) Unknown wounds/bites Vomiting

I certify that I am the owner (or duly authorized agent for the owner) of the animal described above and that I surrender custody to The Society for the Prevention of Cruelty to Animals (SPCA) of Anne Arundel County, Maryland, Inc. I certify that the information listed above is true and correct to the best of my knowledge. I certify that to my knowledge, no one else has the right to the property of this animal and that it has/has not bitten any person or animal in the last ten (10) days. I understand that I may not reclaim it and that it may be placed in an adoptive home, with an appropriate breed rescue group, or humanely euthanized, either immediately or if the SPCA determines that a suitable home cannot or should not be found. I understand that the final disposition of the animal will not be disclosed. I give my permission for The SPCA of Anne Arundel County, Maryland, Inc. and/or the SPCA's authorized agents to verify the information above, including the release of medical information pertaining to my pet(s) from the veterinarian(s) provided above.

X

Date

Donation

Supplies

The SPCA of Anne Arundel County is a private, non-profit organization. We receive no funds from any city, state, or local government agencies. We provide vaccinations, medical care, food and love for all of our shelter animals. We rely on donations and our small adoption fees to help care for the hundreds of animals surrendered to our shelter each year.