



Destiny for Dogs

326 Macy St.
West Palm Beach, FL 33405

(561) 313-2005 cell
(561) 582-2888 fax
www.destinyfordogs.com
www.facebook.com/destinyfordogs

Owner Surrender Form

Owner's Name:			
Address:			
City, State, Zip:			
E-mail Address:			
Phone #	Home #	Work#	Cell#

Pet Information

Dog's Formal Name:			
Dog's Nickname:			
Breed:	Color:	Weight:	Age:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Spayed/Neutered: <input type="checkbox"/> yes <input type="checkbox"/> no	
Age of Dog at Purchase/Adoption:		If Dog was a stray, how long have you had it in your possession:	

If pet is not spayed, please explain why not:

The more we know about your Dog, the better job we can do of finding the best possible home for it. Please answer the following questions:

Please tell us who your currently family members are and their ages:

Please list any animals you currently have including the Type, Sex and Age:



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Does your Dog like the following?

1. Water (swimming) yes no
2. Cats yes no
3. Other Dogs yes no
4. Children yes no
5. Baths yes no
6. Car Rides yes no
7. Being Brushed yes no
8. Strangers yes no
9. Nails Trimmed yes no

Please describe in detail any likes and dislikes

Is your Dog:

1. Housebroken yes no
2. Crate Trained yes no
3. Obedience Trained yes no
4. Food Aggressive yes no

Does your Dog:

1. Chew yes no
2. Bark yes no
3. Jump on People yes no
4. Dig yes no
5. Come when called yes no
6. Walk on leash yes no

Can you leave your Dog unattended in the house for long periods of time without him/her damaging anything? Please explain any issues below:

Your household activity can be described as: quiet active very active

Will your Dog jump over a fence: 3 foot and under over 3 feet will not jump fences

How high is the Dog's fence now? _____



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Veterinary Information

Current Vet's Name:		
Address:		
City, State, Zip:		
Phone #	Office #	Fax #

Vaccination Dates:

Heartworm Information:

DA2PP	Date:	Heartworm Test:	Date:
Rabies	Date:	Taking Heartworm Medicine	<input type="checkbox"/> yes <input type="checkbox"/> no
Bordatella	Date:	If yes, what brand:	
Corona	Date:	Day of month given:	Date:

Dog's Feedings and Other Instructions

How many meals per day:	
Amount at each Feeding:	
Exercise/Potty Schedule:	

How does the Dog let you know it's time to go outside?

Where is the Dog during the day?

Where does the Dog sleep at night?

Where does the Dog eat and how much food? What brand of food have you been feeding your Dog?



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Describe the Dog's general temperament:

Has this Dog ever snarled or snapped? (Please be honest)

Has this Dog ever shown fear (of strangers, thunderstorms, etc)?

Has this Dog ever bitten a person or other Dog or pet? (Please be honest)

Why are you unable to keep your Dog?

Please provide any additional information below that you feel we should know to help place your Dog in a good and appropriate home:

I am surrendering my Dog named _____, to Destiny for Dogs, Inc. and wish Destiny for Dogs, Inc. to place my Dog and by my signature certify I am the legal owner of the above Dog and the above information is truthful, correct and complete. I certify the Dog has never bitten or been aggressive towards a human. I understand any attempts to mislead and falsify information will result in my Dog either being denied acceptance into Destiny for Dogs, Inc. or being destroyed.

By surrendering this Dog I understand that I immediately terminate all my rights over this Dog and upon signing this document the Dog becomes property of Destiny for Dogs, Inc. It is Destiny for Dogs, Inc. sole discretion to decide the future of this Dog and Destiny for Dogs, Inc. has no obligation of providing me any information about this Dog as of the date this agreement is signed.

Surrendering Party:

Print Name	Print Date	Signature

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE"