



Destiny for Dogs

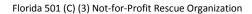
326 Macy St. West Palm Beach, FL 33405 (561) 313-2005 cell (561) 582-2888 fax <u>www.destinyfordogs.com</u> www.facebook.com/destinyfordogs

Owner Surrender Form

Owner's Name:					
Address:					
City, State, Zip:					
E-mail Address:					
Phone #	Home #		Work#		Cell#
		Pet Info	ormati	<u>on</u>	
Dog's Formal Name:					
Dog's Nickname:					
Breed:	reed: Color:			Weight:	Age:
Sex: ☐ Male	□ Fem	nale	Spayed/Neutered: ☐ yes ☐ 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 you	r curre	ntly family members ar	e and	their ages:	
Please list any animals you currently have including the Type, Sex and Age:					

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[&]quot;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"





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Does your Dog like the following. 1. Water (swimming) 2. Cats 3. Other Dogs 4. Children 5. Baths 6. Car Rides 7. Being Brushed 8. Strangers 9. Nails Trimmed Please describe in detail any light	yes yes yes yes yes yes yes yes yes	no slikes			
Is your Dog: 1. Housebroken 2. Crate Trained 3. Obedience Trained 4. Food Aggressive	□ yes □ yes □ yes □ yes	□ no □ no □ no □ no			
Does your Dog: 1. Chew 2. Bark 3. Jump on People 4. Dig 5. Come when called 6. Walk on leash Can you leave your Dog unatter			or long perio	ods of time witho	out him/her damaging
Your household activity can be Will your Dog jump over a fen How high is the Dog's fence no	ce:	□ 3 foot a		□ active □ □ over 3 feet	very active ☐ will not jump fences
					2

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Veterinary Information

Current Vet's Na	ame:						
Add	ress:						
City, State	, Zip:						
Pho	ne #				Fax#		
<u>Vaccination Dates:</u> <u>Heartworm Information:</u>							
DA2PP	Date:	e:		Heartworm Test:		Date:	
Rabies	Date:	ate:		Taking Heartworm Medicine		□ yes	□ no
Bordatella	Date:	e:		If yes, what brand:			
Corona	Date:	e:		Day of month given:		Date:	
Dog's Feedings and Other Instructions How many meals per day:							
		-					
Amount at each Feeding:							
Exercise/Potty S	cneaui	e:					
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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Florida 501 (C) (3) Not-for-Profit Rescue Organization



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Describe the Dog's general temper	ament:	
Has this Dog ever snarled or snapp	ed? (Please be honest)	
Has this Dog ever shown fear (of st	rangers, thunderstorms, e	etc)?
Has this Dog ever bitten a person o	or other Dog or pet? (Pleas	e be honest)
Why are you unable to keep your D	og?	
Please provide any additional infor a good and appropriate home:	mation below that you fee	el we should know to help place your Dog in
for Dogs, Inc. to place my Dog and above information is truthful, corre	by my signature certify I a ect and complete. I certify any attempts to mislead a	_, to Destiny for Dogs, Inc. and wish Destiny m the legal owner of the above Dog and the the Dog has never bitten or been aggressive and falsify information will result in my Dog being destroyed.
signing this document the Dog bec	omes property of Destiny f this Dog and Destiny for D	minate all my rights over this Dog and upon for Dogs, Inc. It is Destiny for Dogs, Inc. sole Dogs, Inc. has no obligation of providing me t is signed.
Surrendering Party:		
Print Name	Print Date	Signature
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