



Canine Surrender Request

Please complete all shaded areas. Incomplete forms may not be processed.

Name:	Date:
Address:	City/State/ZIP:
Home Phone:	Mobile:
Email:	

Dog's Name:	Age or Date of Birth:
Sex: <input type="checkbox"/> Spayed Female <input type="checkbox"/> Neutered Male <input type="checkbox"/> Un-spayed Female <input type="checkbox"/> Un-neutered Male	Breed/Description:
Reason for Surrender:	When did you get the dog:
Dog currently lives: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both	How did you get the dog: <input type="checkbox"/> Adopted from JPR <input type="checkbox"/> Adopted from Shelter/Rescue <input type="checkbox"/> Gift from Friend/Family <input type="checkbox"/> Purchased from Store/Breeder <input type="checkbox"/> Stray (Date Found: _____)
If surrendering a litter of puppies, would you like low-cost spay/neuter information: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Medical Information	
Does the dog have a primary care vet: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Do you have records: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of vet or clinic: Phone Number:	Describe any medical conditions:
Current on rabies vaccine: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <input type="checkbox"/> Tags Present <input type="checkbox"/> No Tags	Current on distemper vaccine: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Current on kennel cough vaccine: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Current on flea preventative: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Last Given:
Current on heartworm preventative: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Last Given:	Tested for Heartworm: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <input type="checkbox"/> Positive <input type="checkbox"/> Negative
PUPPIES: Dewormed: <input type="checkbox"/> Yes <input type="checkbox"/> No Rd 1 Date: Rd 2 Date:	PUPPIES: Tested for Parvo: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
PUPPIES: Boosters: Rd 1 Date: Rd 2 Date: Rd 3 Date:	

Personality & Temperament Information	
Good with children: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Crate trained: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Good with other dogs: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Leash trained: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Good with cats: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	House broken: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Jump over fence: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Toy or food aggressive: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Dig under fence: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Ever bitten anyone: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Anything else the new owners should know:
Describe the ideal home for the dog:
Items donated with the dog:

By signing here, I am attesting to the truthfulness of my answers:

Signature:

Donation Amount:

If you are surrendering multiple dogs please complete a separate form and send a separate picture for each dog.

Next Step: Email the completed form and a recent picture to JPR@jenniferspetrescue.com.