



# Canine Companions Rescue Center

Website: [www.ccrcdogs.com](http://www.ccrcdogs.com)  
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## Owner Surrender Form

Name of dog: \_\_\_\_\_ Breed: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Home Situation:

Cats     Dogs     Birds     Other \_\_\_\_\_  
 Adult Women     Adult Men     Children    Ages of children \_\_\_\_\_  
Where does the dog stay when you are not home? \_\_\_\_\_  
Where does the dog stay during the night? \_\_\_\_\_  
How many hours a day does this dog spend unsupervised/alone? \_\_\_\_\_  
Describe your household:     Active/Noisy     Moderate     Quiet

### Dog's Background:

Date of birth \_\_\_\_\_ Age when dog came to your home \_\_\_\_\_  
Where did you acquire the dog?     Breeder     Stray     Shelter     Friend     Other

### Aggression:

Has the dog ever growled, snapped, lunged, or bitten (not including puppy mouthing, wrestling...)?     Yes     No  
If yes, please give as much detail as possible about the circumstances \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Known Fears/Behaviors:** (circle response)

- |                                     |   |
|-------------------------------------|---|
| Y N ? Separation anxiety            | Y N ? Excessive jumping                 |
| Y N ? Dog aggression                | Y N ? Sensitive to loud noises          |
| Y N ? Food/Toy aggression           | Y N ? Jumping/Climbing fences           |
| Y N ? Other small animal aggression | Y N ? Escaping over/through gates/doors |
| Y N ? Car riding                    | Y N ? Digging                           |
| Y N ? Counter surfing               | Y N ? Chasing cars                      |
| Y N ? Trash raiding                 | Y N ? Submissive                        |
| Y N ? Excessive chewing             | Y N ? Dominant                          |
| Y N ? Excessive barking             | Y N ? Fearful/Shy                       |

Other \_\_\_\_\_

Does the dog indicate to go outside to use the bathroom?  Yes  No

If yes, how? \_\_\_\_\_

**Medical History/Health:**

Current Veterinarian: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

**Comments** (please use this space to elaborate on any behaviors, medical history or anything else that you feel we should know):

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I hereby relinquish full ownership of my dog, \_\_\_\_\_, to Canine Companions Rescue Center. I have provided accurate information regarding the history and disposition of this dog to the best of my knowledge. I have also disclosed any known aggression issues.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_