

Owner Surrender form

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I certify that I am the owner of the following pet:

Pet's Name _____ Sex M or F Birthdate _____

Breed _____ Weight _____ Color _____

Spayed/Neutered (yes/no) _____ Up to date on vaccines (yes/no) _____

Vet name _____

Health problems? _____

Special needs? _____

Shed (yes/no) ? _____ Is he/she a barker (yes/no)? _____

Good with other dogs? cats? Children (and ages)?

Rate his/her activity level... (1 being the least active and 10 being crazy active.)

Fence jumper (yes/no) _____ What type of fence do you have ? _____

Housebroken? _____ Crate trained? _____ Stays inside OR outside _____

Likes, Dislikes and Favorite toys? _____

Good or bad habit(s): _____

Can you keep your pet until a great home is found (yes/no) ? _____

If not, how long can you keep him/her? _____

Why must you find another home for your pet? _____

Where did you get your pet, and when did you get him/her?

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Owner name _____

Address _____

City, St Zip _____

Phone _____

E-Mail Address _____

I voluntarily release (pet's name) _____ described above to be placed with DREAM's adoption program.

Your signature: _____

Date: _____

DREAM pet rescue strives to make sure your pet is healthy, well socialized, and gets a great home! Every pet we bring into DREAM's organization must be vaccinated (against rabies, distemper and kennel cough), heartworm tested, spayed / neutered, and micro-chipped. If there are fees associated with vetting your pet, we ask that you include a donation to help cover SOME of the expenses (we incur) for your pet.

Please return form to

DREAM, PO Box 322, Tipp City, OH 45371