

GERMAN SHEPHERD RESCUE OF NEW YORK, INC.
P.O.BOX 242, DELMAR, NY 12054 GSRESCUENY@GMAIL.COM

DOG SURRENDER APPLICATION

Owner's/Surrenderer's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work/Cell: _____
Email Address: _____
Are you 18 yrs. or older? ___ Yes Date of Birth: _____

REQUIREMENTS OF SURRENDER

_____ Proof of ownership of the dog.

_____ Proof of examination by a veterinarian must be provided to GSRNY at the time of surrender. This examination must be within the prior 6 months of this application and shall show that the dog is current on vaccinations, including but not limited to rabies, proof of spay/neuter, and results of a heart worm test.

_____ The fee for surrender is \$250.00 to GSRNY to cover some of the cost of preparing the dog for foster and/or adoption. The surrender fee is to be paid at the time of the dog's evaluation for acceptance by GSRNY. **Please let us know if you are able to make a donation in addition to the surrender fee to help care for animals at this rescue.**

_____ Two photos of your German Shepherd Dog are required; preferably a front and side view. If you do not have these, GSRNY will take the photos for an additional \$10.00 charge.

_____ Place a checkmark here if you are unable to meet any of these requirements, please provide GSRNY an explanation of your situation below, and then continue to complete the rest of this form. The explanation should be thorough enough to allow GSRNY to consider your specific circumstances and evaluate the situation accordingly.

We consider each application carefully so it may take up to several days for us to get back to you with a decision regarding the dog's acceptance and/or your circumstances. **Please be patient.**

Any information left unanswered or incomplete on this form, may result in this application being denied.

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If you have more than one dog to surrender, please fill out one application for each dog, making sure your name and email address is on each application. If we have any further questions, we will contact you by phone or by email.

I am not able to meet the GSRNY requirements for surrender stated above because:

DOG AND HOUSEHOLD INFORMATION

Dog's name _____ Nickname(s) _____

Sex: ___ Male ___ Female Is the dog spayed or neutered? ___ Yes ___ No

D.O.B (mm/dd/yy) _____ or, if unknown, approx. Age: Years ___ Months ___

Breed _____ Weight _____ lbs.

Color & Identifying Marks: _____

How long have you had this dog? _____ years _____ months

Your relationship to dog? Owner - Friend/caretaker - Foster owner - Other _____

If you do not own this dog, provide the following:

Why you have the dog? _____

Name, Address and phone number of the owner? _____

Where is the dog currently located, residing or being cared for?

Where was this dog gotten from? This shelter - Friend-relative - Newspaper/web site - Found/stray - Pet store - Breeder (please write name) _____ Other shelter/rescue (please write name) _____ Other (please describe) _____

If from a breeder, shelter/rescue or private party, was a first right of refusal contract signed? Yes No Have you contacted the breeder/shelter rescue/private party? Yes No

If you haven't contacted them, why not (be specific)?

Is this dog AKC registered? _____ If so, do you have or can you provide the papers? Yes No

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Why are you giving up this dog?

Including yourself, how many people live in your house, please add relation to you and ages: _____

What other animals did the dog live with? (Circle one)

No other animals in household- Dogs- Cats- Other (For each, please describe breed, age, sex, and how they got along with this dog)

How does the dog usually behave toward the following?

	Never Encounte r	Friendly	Afraid	Shows teeth/ growls	snaps	bites	None of these
People the dog knows							
Men							
Women							
Children							
Unfamiliar people							
Men							
Women							
Children							
Animals the dog knows							
Cats							
Dogs							

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Unfamiliar Animals							
Cats							
Dogs							

Typical Behavior (The dog's usual behavior) _____

Does the dog chase or attempt to chase any of the following? Please circle all that apply: Joggers - Bicycles - Skateboarders/roller bladers - Cars/motorcycles - Outdoor cats - Squirrels - or other small animals - Birds - Doesn't chase

Other (please describe) _____
Describe how the dog usually reacts when you or someone bathes, brushes, grooms or cuts nails? _____

How does the dog usually react when an unfamiliar person approaches or enters the yard or house? (circle all that apply)

Friendly - Afraid - Barks - Shows teeth/growls - Snaps - Bites - None of these - Other (please describe) _____

Does the dog go outside to relieve itself?

Yes (please specify how many times per day) _____ No/paper trained
Does the dog have "accidents" in the house? ___ Yes ___ No (If yes, please specify how many times per 24 hour period) _____

Where does the dog spend most of his/her time? (circle all that apply)

Inside the house-runs free Inside the house- in cage/crate Inside the house- contained in a certain room Outside the house- runs free in the yard Outside-In cage/crate
Outside the house-tied or chained Outside the house-runs free in the neighborhood Other
(Please describe) _____

How long is the dog left alone, without people, during the day? (please circle) Never - 1 to 3 hours - 4to 8 hours – 9 to 12 hours - Over 12 hours –

Other _____

When the dog is left alone, is he/she...

Outdoors - Free in home - Confined to a room - In a cage/crate -

Other (Please describe) _____

Is this dog crate trained? _____

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When left alone, does the dog show any of the following behaviors?

Please check all that apply. Destroy household items - Urinate/defecate - Bark - Cry -None of these

When you are home, does the dog usually show any of the following behaviors? Please check all that apply. Destroy household items - Urinate/defecate - Bark – Cry - None of these

When the dog plays, does he/she: Please check all that apply. Jumps - Growls - Barks - Bites lightly - Bites hard - None of these

What toys does the dog like? Balls - Frisbee - Plush – Squeaky - Tug Toy - None Other (Please describe) _____

Is the dog overly possessive about his toys/food? _____ Yes _____ No

Please describe: _____

What does the dog enjoy most?

What is the dog scared of? (Please describe)

Please tell us the dog's "bad habits"

Is the dog allowed on furniture? ___ Yes ___ No

Where does the dog generally sleep during the night?

What commands does the dog know? No commands known - Sit - Stay - Down - Come - Heel - Give paw/Shake - Other (Please describe)

Has the dog attended any obedience training classes? _____ No _____ Yes If so, where:

Does the dog walk on the leash? _____ Yes _____ No If no, has the dog ever been on one? When and how often? _____

Does the dog heel or pull? ___ Yes ___ No

Does the dog have problems riding in the car? _____ No _____ Yes (Please describe)

Has the dog escaped your property 2 or more times in the last 6 months? _____ No _____ Yes (Please describe) _____

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Has the dog ever inflicted a nip/breaking skin, or a bite to a person or is there any report of the dog ever inflicting a serious bite to a person (such as an attack or a bite requiring hospitalization)?

Please describe details:

Has the dog ever shown aggressive behavior (growling/snarling/nipping/biting) over: (please circle all that apply)

Food - chews -toys - rawhides - other objects - When the dog was disturbed while sleeping or resting - When an adult or child handled the dog - Brushing - Handling its feet - Bathing - Teeth brushing - Ear cleaning - Towards vet – Towards groomer - Towards an adult or child entering the house or yard - Towards an adult or child approaching or reaching toward dog

Has the dog ever attacked another animal resulting in injury or death to the other animal?

No Don't know Yes

If yes, please explain the circumstances of instance: (use the back if necessary)

Does the dog see a veterinarian at least once a year? Yes No

Please provide the veterinarian name and contact info:

Vet Name _____

Address _____

Phone _____ Email _____

Circle any behaviors the dog has ever shown when handled by a veterinarian or groomer. Show teeth/Snarl - Growl - Snap - Nip - Bite - None of these

Has the dog shown fear, aggression or upset behavior during:

Vet Examine (including heart and ears) - Restrained - Administered shots - Having nails trimmed - Having blood drawn

Does the dog have to be muzzled at the veterinarian? Yes No

Does the dog have any past or present medical conditions? No Yes (Please describe)

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Is this dog on any medications? ___ Yes ___ No ___ Unknown For each, please list: Name of Medication; Dosage; Frequency given; for what condition; amount of prescription remaining

Does this dog have allergies? ___ No ___ Not Known ___ Yes

If so what are they and what medications if any are required?

Has the dog ever had any surgeries? ___ No ___ Unknown ___ Yes

If so, for what? _____

Has this dog ever required emergency care? ___ No ___ Unknown ___ Yes

If so, for what? _____

Has this dog been x-rayed for Hip Dysplasia? ___ Yes ___ No ___ Unknown

If so, do you have the certification that s/he is Hip Dysplasia free? ___ Yes ___ No

Is the dog currently on a special diet? ___ No ___ Yes (If yes, what diet and why?)

(Please describe) _____

Please be advised we will want to speak with your veterinarian. Please contact your veterinarian to let him/her know we will be calling and that you authorize him/her and/or their representatives to speak with them and to release all records of the dog to us.

What type of dog food does the dog eat? Dry - Wet/Canned - Table Scraps

What brand of dog food do you feed the dog?

How much and when do you feed the dog?

Does this dog have a microchip or tattoo? ___ Yes ___ No

If so, what is the number: _____

Please provide the name and contact information for the company through which the microchip is registered. _____

If you have a subscription with the microchip company, please provide the information about the expiration date, yearly fee. _____

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If you have any documentation about the microchip and/or subscription with the microchip company, please provide it as soon as possible.

Has the dog been guard or protection trained? ____ Yes ____ No

Can you care for the dog until a foster/adoptive home can be found? ____ Yes ____ No

If not, please explain: _____

How did you hear about German Shepherd Rescue of NY, Inc.

Please attach all background information that you may have on this dog. This includes, but is not limited to: Medical records; Licenses; Registration papers, Microchip details and/or contract, etc.

Please feel free to tell us any additional information about the dog. The more information you are able to provide, the better able are we to help the dog find the right foster and/or adoptive home, and to assess the dog's needs for its health and comfort.

Please let us know if you are able to make a donation in addition to the surrender fee to help care for animals at this rescue.

Agreement and Signature

GSRNY reserves the right to refuse to accept any German Shepherd Dog.

Acceptance is based on many factors including, but not limited to: space availability, dog temperament, personality, training, behavioral considerations, and health. I understand that the information provided in this form may be passed on to another rescue and I give GSRNY permission to do so. I certify the information provided on this form to be true, complete and correct to the best of my knowledge. I understand that a physical evaluation of the dog and its temperament will be conducted by an experienced rescue volunteer to determine whether GSRNY finds the dog suitable to be re-homed before the dog is accepted into GSRNY's program. I give GSRNY permission to perform an evaluation and testing on the dog as it deems necessary to make an informed assessment of the dog. If during the evaluation process GSRNY

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finds the information contained in this surrender application to be false, incomplete or otherwise misleading, GSRNY retains the right to decline acceptance of the dog. I further understand and agree to provide any and all documentation and information required by GSRNY, including those requirements listed on the first page of this application, unless GSRNY has waived those requirements for my specific circumstances or conditions, which waiver shall be given in writing and signed by the Director of GSRNY.

Signature of Applicant

_____ Date _____

Applicant's Name Printed

Name of GSRNY receiving application for surrender:

Date Application received: _____