

## Marion County Board of County Commissioners

Animal Services

5701 SE 66th St. Ocala, FL 34480 Phone: 352-671-8727 Fax: 352-671-8717

Office Use Only:
Person ID:
Animal ID:
Scanned:

## **DOG SURRENDER QUESTIONNAIRE**

Please be advised, completing this application does not guarantee acceptance by Marion County Animal Services and there is a \$50 Owner Surrender Fee per animal.

OWNER INFORMATION									
Last Name:	First Name:					Date:			
Address:			City	:			•	State:	Zip:
Phone#:	Alt. Ph	none#:	•			DOE	3:	·	•
DL#:	Ema	nil:				•			
Are you the legal owner of the dog?	Are you the legal owner of the dog?								
		ANIMAL IN	NFORM	ATION					
Dog's Name:					Ag	e:			
Dog's Breed:		Dog's Ge	nder:			Spa	yed/Ne	eutered:	Yes No
Dog's Color:		Appro					proximate Weight:		
Is your dog microchipped? Y	es [	No	lf so w	/hat is the m	icrochip	numb	er?		
Has your dog bitten anyone in the last 10	Yes		No	If ye	s when?	?			
Has your dog ever bitten anyone? Yes No If yes, please explain:									
HISTORY									
Where did you get your dog?									
Have you ever surrendered a pet to us be	fore?			Yes		No			
Reason for surrendering your dog:									
What have you done to fix the issue?									

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			MEDI	CAL				
Which veterinarian office	Which veterinarian office do you use?							
	Is your dog current with vaccines? Yes No							
		ns or specia	l food?		Yes	No		
Is your dog currently on any medications or special food? Yes No Is your dog on flea and tick prevention? Yes No								
Is your dog on heartworm prevention? Yes No								
Does your dog have any c	urrent or pas	t medical iss	ues? If yes, p	 olease explai	 n:	'es No		
BEHAVIOR								
How does your dog usually behave towards the following? Please check boxes for all that apply.								
	Never Encounter	Friendly	Afraid	Shows Teeth or Growls	Snaps	Bites	Other (Explain)	
Familiar people								
Men							<u> </u>	
Women								
Children								
Unfamiliar people				1			r	
Men								
Women								
Children								
Animals your dog knows								
Dogs							<u> </u>	
Cats							<u> </u>	
Other:								
Unfamiliar Animals	<u> </u>		·	<u> </u>		<b></b>		
Dogs								
Cats								
Other:								
Where does your dog spend most of its time during the day?								
	Where does your dog spend most of its time at night?							
Is your dog house-trained?					crate-trained	?	Yes No	
If your dog is not fully ho								
Lift leg/mark territory	Ye			Have accide			Yes No	
Can't be alone	Ye	es 🗌	No	Use puppy pads Yes				

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Person ID:

Animal ID:

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BEHAVIOR (continued)								
Urinate when excited Yes No	Other:							
What does your dog do to let you know it needs to go outside?:								
Does your dog chase any of the following? Please check boxes for all that apply.								
Joggers Yes No	Bicycles Yes No							
Skateboard/Rollerbladers Yes No	Cars/Motorcycles Yes No							
Outdoor Cats Yes No	Other:							
Is your dog leash trained?								
What commands does your dog know? Please check boxes	for all that apply.							
No Sit Down Come Stay Heel	Other:							
Does you dog jump fences? Yes No How tall is the fe	nce? What type of fence?							
Does he dig under fences? Yes No Does yo	our dog have problems riding in the car? Yes No							
Where is your dog kept when he/she is left alone?								
What type of food does your dog eat?								
What does your dog dislike or fear?								
What kind of toys does your dog like?								
What kind of treats does your dog like?								
What type of bedding does your dog like?								
Is there anything else a future owner should know about your dog?								
OWNER ACKNO	DWLEDGMENT							

"I" hereby declare that I am, or am acting on behalf of, the legal and rightful owner of the animal(s) described above, and herby affirm, acknowledge, warrant and represent that all information contained in the profile is true and correct to the best of my knowledge and belief.

Owner's Signature:

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

-STAFF USE ONLY-							
Impound Number:	Animal ID:	Person ID:					

Staff Signature: Date: **NOTES** Rev. 2/27/19 Page 3 of 3