

# WALTON COUNTY ANIMAL CONTROL OWNER SURRENDER INFORMATION SHEET

This questionnaire is designed to help us find a new home for your dog. Please give as detailed information as possible and PLEASE BE HONEST.

What is your pet's name? Paisy

How old is your pet? 9

How long have you had this pet? 9

Why are you surrendering it? lopping fence, herding tail, major anxiety with storms

Is it current on vaccinations?

☒ Yes ☐ No

Which veterinarian? Rockdale Animal Hospital

Is it fixed (spayed/neutered)?

☒ Yes ☐ No

Is it housebroken?

☒ Yes ☐ No

Does it chew/claw household objects?

Yes ☒ No

Does it dig holes under fences?

☒ Yes ☐ No

Does it jump over fences?

☒ Yes ☐ No

Where did you keep your pet?

☒ indoors ☐ outdoors

Is it good with children?

☒ Yes ☐ No

Is it good with cats?

Yes ☒ No

Is it good with dogs?

Yes ☒ No

Has s/he ever bitten anyone?

Yes ☒ No

If yes, what were the circumstances? \_\_\_\_\_

Has it had any obedience training (sit, stay, etc.)? Yes

Other info you'd like to provide? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_