



DC Shiba Inu Rescue – Owner Surrender Form

Please realize DC Shiba Inu Rescue (DC SIR) cannot accept Shibas from all over the country, with the exception of Allergy (atopic dermatitis) dogs. We concentrate on helping Shibas that are located in states on the East Coast. DC SIR is a purebred rescue and as such, we are sorry to say we are not always able to accept Shiba Inu mixes. However, if your dog's primary breed is Shiba Inu and s/he looks to have Shiba traits, we may be able to accept him/her if we have an opening and if he/she passes our evaluation. Please understand that foster homes for Shiba Inus are few and far between so you may be asked to hold on to your Shiba Inu until an opening can be found. If you have an unmovable deadline, please indicate this below. Please e-mail the completed surrender form and **3 clear and recent photos** of the dog to Ashley@dcsir.org, Nathalie@dcsir.org and RescueIntake@dcsir.org.

Ideally, your dog should be current on core vaccines, spayed/neutered, heartworm negative and micro chipped before coming into our Rescue. If you are unable to meet these prerequisites, please explain more about your situation below. In no way will we deny a dog if you are unable to complete these prerequisites. We are a non-profit with limited funds so any help caring for your dog would be welcome. It may take several days for us to get back to you with the results of this decision, so please be patient. It is extremely important that you answer all questions on this form and answer them truthfully, to the best of your knowledge. If any questions are left unanswered, this form will NOT be considered.

You are also requested to submit a minimum of **3 pictures of your dog**, preferably a front and side view. If you have more than one dog to surrender, please fill out a separate application for each dog, making sure your name and email address is on each application. Please note that this form is an application to surrender your dog. Please note, you are the legal owner of your dog until we move forward with our Surrender Contract at the time of release. If we have any further questions, we will contact you by phone or by email.

1. Today's Date:
2. I would like to find my Shiba Inu a home by the following date:
3. Reason for Surrender:

Dog Information

4. Dog Name:
5. Date of Birth or Age:
6. Color
7. Sex
8. Weight:
9. Microchip Account and #:
10. Where did you get the dog?
(shelter, breeder, etc. – please list name)



Owner Information

- 11. Name(s):
- 12. Email:
- 13. Address:
- 14. Home Phone number:
- 15. Cell Phone number:

Veterinarian Information

- 16. Veterinarian(s) Name:
- 17. Address:
- 18. Phone Number:

Medical Information

- 19. Has the dog been spayed/neutered? Yes No
- 20. Has the dog been bred? Yes No Unknown
- 21. Has the dog been injured? Yes No
- 22. Does the dog have any known medical conditions? (i.e. allergies, seizures, etc.)

- 23. Date of Rabies vaccination:
- 24. Date of last Heartworm test:

25. What kind of area does the dog live in?

26. What kind of building does the dog live in?

27. If the dog is inside, where does it sleep? Dog Bed Crate Couch Floor
 Basement Owner's Bed

The following questions pertain to your dog's bite history. If there are multiple human bites, please indicate the number of bites and damage done in as much detail as possible (date, who was bitten, circumstances of bite, medical attention needed, etc.)

28. Is the dog aggressive towards people? Yes No If yes, please explain:



29. Has the dog ever bit a human or another animal? Yes No

If yes, please explain:

30. If the bite was to another animal- did the animal require medical attention?

Yes No If yes, please detail extent of injury:

31. If the bite was to a human- did the person require medical attention? Yes

No

If yes, where did they receive medical attention? (Name of hospital, city, state)

32. What damage was done? (ie: broken skin, scratch, puncture, bruise, etc)

33. If the bite was to a human- what city and state did the bite take place? City and State:

34. Have you been contacted by animal control about this dog? Yes No

If yes, please explain:

35. Has the dog been around the following animals? (Check all that apply)

Large dogs
Birds

Small dogs
Livestock

Cats
Other:



36. Is the dog an only dog or in a multiple dog household? Only Multiple

37. List the age, sex, type of other dogs/cats in the household:

38. What brand(s) of dog food do you feed your dog?

39. How many hours is the dog used to being left alone during a normal day?

40. Is the dog housebroken?

41. Is the dog crate trained? Yes No

42. Does the dog go to dog parks? Yes No

43. How do you exercise your dog? (please "X" all that apply)

Walks

Jog with owner

Throw/Fetch

Fenced yard

Dog is couch potato

Other

Please describe the temperament of the dog:

44. Does the dog enjoy car rides? Yes No

45. Is the dog hand shy? Yes No

46. Does the dog spook easily? Yes No

47. Describe the training you use with this dog:

Dog's Information-Behavioral

Does this dog have any of the following behavioral issues? Please explain each issue. (Please be honest, it will let us know what things we should work on with the dog)

<input type="checkbox"/>	48. Separation or Other Anxiety	
<input type="checkbox"/>	49. Chewing	
<input type="checkbox"/>	50. Excessive Barking	
<input type="checkbox"/>	51. Digging	
<input type="checkbox"/>	52. Unwanted Urinating	
<input type="checkbox"/>	53. Begging	



<input type="checkbox"/>	54. Chasing (cars, animals, people, etc.)	
<input type="checkbox"/>	55. Protective of house, family, etc.	
<input type="checkbox"/>	56. Jumping	
<input type="checkbox"/>	57. Biting	
<input type="checkbox"/>	58. Aggression	
<input type="checkbox"/>	59. <i>My dog has none of these issues.</i>	

How does this dog respond to:

60. Cats	
61. Other dogs (off leash)	
62. Other dogs (on leash)	
63. Children	
64. Strangers	

65. Has this dog ever killed or injured another animal? Yes No
If yes, please explain:

66. Does your dog have a documented bite with a county/hospital? Yes No
Which one?

67. Have you contacted or spoken with any other rescues or shelters regarding surrendering your dog? Yes No

68. If yes, please provide the name of the shelter or rescue, date(s) contacted, and details of contact in the space below. If the rescue/shelter can't take the dog, please let us know why as well.



69. Where did you hear about DC Shiba Inu Rescue?

Additional Comments:

Please take some time to tell us anything else about this dog that you think we should know, or that you would like us to know.

By typing my name below I am digitally signing this document and I certify the contents of this form to be true to the best of my knowledge.