Owner Information

Your full name_____

Email_____

Phone_____

Alternate phone_____

Street address_____

City_____ State_____ ZIP_____

Why are you rehoming your dog?

_____

_____

_____

_____

Dog Identification

Dog's name_____ Age_____

Sex: ☐ Male ☐ Male (neutered) ☐ Female ☐ Female (spayed) ☐ Unknown

Breed (best guess)_____

Approx. weight (lbs)_____ Color/markings_____

Microchip / ID #_____

How long have you owned this dog?_____

Where did you get this dog?_____

Health & Care

Vaccinations up to date? ☐ Yes ☐ No ☐ Unknown

Rabies date (if known)_____

Current medical conditions_____

Current medications_____

Surgeries or injuries (current or past)

_____

Primary veterinarian/clinic_____

Behavior & Household

House-trained? ☐ Yes ☐ Partial ☐ No

Crate trained? ☐ Yes ☐ Working on it ☐ No

Energy level ☐ Low ☐ Moderate ☐ High ☐ Very high

Daily exercise (typical)_____

How does your dog do with men?

☐ Great ☐ OK ☐ Shy/Fearful ☐ Reactive/Aggressive ☐ Unknown

...with women?

☐ Great ☐ OK ☐ Shy/Fearful ☐ Reactive/Aggressive ☐ Unknown

...with children?

☐ Great ☐ OK ☐ Best with older kids ☐ Not good with kids ☐ Unknown

...with strangers/visitors?

☐ Friendly ☐ Neutral/Reserved ☐ Shy/Fearful ☐ Protective/Reactive
Unknown

...with other dogs?

☐ Loves dogs ☐ Some dogs OK ☐ Prefers to be only dog

☐ Reactive/Aggressive to dogs ☐ Unknown

...with cats?

☐ Good with cats ☐ Chases cats ☐ Not good with cats ☐ Unknown

Top likes_____

Top dislikes/triggers_____

Training & commands known_____

Behavior concerns (check all that apply)

☐ House soiling ☐ Separation anxiety ☐ Leash reactivity ☐ Resource guarding

☐ People aggression ☐ Dog aggression Prey drive (cats/wildlife) ☐ Escape artist Other

Has your dog ever bitten anyone or any animal? ☐ Yes ☐ No ☐ Unknown

In the last 10 days, has your dog bitten anyone or any animal and it broke skin?

☐ Yes ☐ No

If yes to either, please describe the incident(s), date(s), severity, circumstances, and victim species._____

_____

_____

Anything else we should know to help your dog thrive?

_____

_____

_____

Please send us a clear photo of your dog

Email any/all medical records (PDF, images) with your submission request

Optional Donation

Your gift supports medical care, supplies and daily care for pets entering JAR. You can donate when you come to JAR with your pet.

I confirm that I am the legal owner/guardian of this pet or have authority to surrender on the owner's behalf, and the information provided is accurate to the best of my knowledge.

A staff member will contact you to set up a date and time for you to bring in your pet.

Signature (type full name)_____

Date_____