

Relinquishment/Shelter Intake Request Form

Color: _____ Age: _____ M/F _____ S/N: _____

Is this a (circle one): Relinquishment Shelter Other

Where is Dog Located: _____

Address: _____

Who is Owner of Dog: _____

Does the person/entity have the legal right to dispose of the dog circle one: Yes No

What is the Current Situation: _____

Does the dog have any medical or behavioral issues: Yes No

Explain: _____

Is the dog UNSAFE with Children: Yes No Small Dogs: Yes No Cats: Yes No Other

Explain: _____

List Any Other Issues/Information that might be Important: _____

Who is the Best Contact for Picking up the Dog: _____

Phone/Email/Address: _____

Name of Person Filling Out This Form (print) _____
Date