



## Animal Surrender & Relinquishment Form

(Trust – Reg. No BK IV 215 -2018-2019)

CSI Contact No: +91 99160 78490

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name & Type of Each Animal Surrendered: \_\_\_\_\_

Total Number of Animals Surrendered: \_\_\_\_\_

### PLEASE READ AND INITIAL EACH PARAGRAPH AND SIGN AND DATE BELOW.

\_\_\_\_\_ I hereby certify that I am the owner/caretaker/fosterer of the animal(s) (hereinafter referred to as “animal” for any number) and described above or I am the authorized representative of the guardian or owner of the animal described above.

\_\_\_\_\_ I also certify that I have unrestricted and complete authority to convey, surrender and relinquish (collectively, "relinquish") the animal to the City of Arlington Animal Services Shelter (“Animal Services”) and hereby relinquish ownership any and all property rights in the animal to Animal Services.

\_\_\_\_\_ I further certify that the animal has not bitten, scratched, or attacked anyone in the last 10 days.

\_\_\_\_\_ I understand that I am relinquishing this animal to Community Streeties India and I acknowledge and agree: that this animal will not be returned to me; CSI shall have the sole and exclusive legal right to make all decisions, and to take all action, regarding the animal; and, the decision to release the animal for adoption/fostering etc is within the sole discretion of the organisation.

\_\_\_\_\_ I understand that CSI is under no obligation to contact or inform you before the animal is either adopted or released for fostering etc.

\_\_\_\_\_ If I am relinquishing a dog or a cat, I agree that I will fill out any additional forms and provide any further information requested by CSI.

\_\_\_\_\_ I agree to all of the above and agree to bear the dogs expenses for transportation, food, shelter and medication as well as any other factor needed for the sustenance of the dog till the dog is rehomed; the discretion of which will remain with CSI.

I HEREBY RELEASE CSI AND ITS EMPLOYEES, STAFF, AGENTS AND/OR REPRESENTATIVES FROM ANY CLAIMS OR DEMANDS THAT I HAVE, OR MAY HAVE THAT: (A) MAY BE CONNECTED WITH THE ANIMAL; Or (B) MAY ARISE OUT OF CSI’s CARE OF THIS ANIMAL.

My initials above and signature below certifies the above statements as true and correct, relinquishes all rights and ownership in the animal(s) to CSI, and acknowledges my agreement to all statements in this Owner/Caretaker/Foster Animal Surrender and Release Form.

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

# Dog Personality Profile

## Preliminary Information

Dogs Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Gender: Male/Female Age: \_\_\_\_\_

Is the dog spayed/neutered: Yes No Not sure

Is the dog microchipped? Yes/No/Not sure ; If Yes, to whom is it registered? \_\_\_\_\_

Color/Markings: \_\_\_\_\_

How long has this dog been in your possession? \_\_\_\_\_

Where did you acquire this dog: Family/Other shelter/rescue/Breeder Other, please specify  
\_\_\_\_\_

Where has this dog been primarily kept? Indoors/Outdoors/Outdoors only

Why are you surrendering this dog? (Please check all that apply)

### MEDICAL REASON:

- ✓ Medical needs of the animal
- ✓ Cost of the medical needs of the animal
- ✓ Other medical reasons

### PERSONAL REASON:

- Does not fit my lifestyle
- Moving
- Breed restrictions at place of residence

### BEHAVIOR REASON:

- ✓ Destructive tendencies- chews/claws the bathroom in places that it shouldn't
- ✓ Aggression towards humans
- ✓ Aggression towards other animals
- ✓ Aggression towards unknown humans and known humans
- ✓ Separation anxiety

### OTHER REASONS

- Death of the owner or family member furniture or going to Behavior/ temperament of other owned pet(s)
- Cannot afford basic care (food,vaccines,etc.)
- Medical needs of owner or family member
- Other personal reason

## Health and Diet

Has this dog been to a veterinarian? Yes/No/ Not sure ;

If yes, what is the name of the veterinarian or clinic the pet was seen at:  
\_\_\_\_\_

Is this dog current on vaccinations? Yes/No/Not sure

Are you aware of any medical issues with this dog? Yes/No/Not sure

If yes, please list all known medical concerns  
\_\_\_\_\_

Has the dog been dewormed? Yes/No/Not Sure

When is this dog fed? AM\_\_\_\_ PM\_\_\_\_ Free feed\_\_\_\_

What type/brand of food do you feed the dog? \_\_\_\_\_

Daily schedule of the dog?

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## Behavior and Temperament (Please check applicable box)

Has this animal ever displayed any aggression with people or other animals? Yes/No/Not sure

If yes, please describe:

This animal has been around: Men\_\_ Women\_\_ Children under 5\_\_ children over 5\_\_ Elderly\_\_ Cats\_\_ Other animals\_\_

The animal is : Playful\_\_ Aggressive\_\_ Tolerant\_\_ Fearful\_\_ Timid\_\_ Chases\_\_ Easygoing\_\_ Unknown\_\_

If aggressive, please explain:

Is there anything this animal is not comfortable around? Yes/No If so, please explain:

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### PLEASE SELECT ALL THAT APPLY:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Housebroken         | <input type="checkbox"/> Destructive Social butterfly |
| <input checked="" type="checkbox"/> Independent         | <input type="checkbox"/> Aggressive with food         |
| <input checked="" type="checkbox"/> Good with strangers | <input type="checkbox"/> Aggressive with toys         |
| <input checked="" type="checkbox"/> Escape "artist"     |   |

### Commands the dog knows:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Sit         | <input type="checkbox"/> Rollover              |
| <input checked="" type="checkbox"/> Laydown     | <input type="checkbox"/> Come                  |
| <input checked="" type="checkbox"/> Stay        | <input type="checkbox"/> Walks well on a leash |
| <input checked="" type="checkbox"/> Shake Hands |  |

### How would you describe your household?

Quiet\_\_ Loud\_\_ Active\_\_ Average\_\_

### Activity Level of this animal is:

Low\_\_ Medium\_\_ High\_\_ Very High\_\_

### The dog enjoys (select all that apply):

- |  |                                       |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Agility    | <input type="checkbox"/> Running Toys |
| <input checked="" type="checkbox"/> Car rides  | <input type="checkbox"/> Tug of war   |
| <input checked="" type="checkbox"/> Fetch      | <input type="checkbox"/> Walks        |
| <input checked="" type="checkbox"/> Quiet time | <input type="checkbox"/> Unknown      |
| <input checked="" type="checkbox"/> Water      |                                       |

**Is there anything this dog is not comfortable around (select all that apply):**

- |  |                |
|--|----------------|
| <input checked="" type="checkbox"/> Being left alone                 | Women          |
| <input checked="" type="checkbox"/> Cars on the street               | Riding in cars |
| <input checked="" type="checkbox"/> Children                         | Water          |
| <input checked="" type="checkbox"/> Loud noises (thunder/ fireworks) | Unknown        |
| <input checked="" type="checkbox"/> Men                              |                |

**The dog can be described as (select all that apply):**

Curious\_\_ Active\_\_ Playful\_\_ Loner\_\_ Not sure\_\_ loving\_\_ Social \_\_ Mellow\_\_

**When a new person enters the room, how does the dog react? (Select all that apply)**

Friendly\_\_ Excited\_\_ Playful\_\_ Timid\_\_ Frightened\_\_ Runs away\_\_ Aggressive\_\_

Comments: \_\_\_\_\_

**Please provide any additional information about the dog that will help us get to know them:**

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