



MATANUSKA-SUSITNA BOROUGH

Department of Administration

Division of Animal Care & Regulation

9470 E. Chanlyut Cir. • Palmer, AK 99645

Phone (907) 746-5500 • Fax (907) 746-6683

<https://animalcare.matsugov.us>

Kennel #: _____

Owner Surrender Dog Agreement

Name: _____

Phone: (____) _____

Physical Address: _____

Mailing Address: _____

Driver's License #: _____

Date of Birth: ____/____/____

Email Address: _____

OFFICE USE ONLY	
Date/Time In:	_____
In By Staff Initials:	_____
Animal ID:	_____
Method In:	_____
Reason:	_____
Picture _____ Vaccines _____ Weight _____	
Sex: M / F / NM / SF Vet Record: Y / N	
Microchip #:	_____
Notes:	_____

Was this animal found in the City Limits of: ___ Wasilla ___ Houston ___ Palmer ___ Mat-Su Borough

What is the reason you need to surrender this dog? _____

How long have you owned this animal? _____

___ I certify that I **DO** own the animal described below and hereby surrender all my interest, if any, therein to the Matanuska-Susitna Borough

___ I certify to the best of my knowledge that the animal **HAS** bitten or attacked an animal or human.

- Please explain:

___ I certify to the best of my knowledge that the animal **HAS NOT** bitten or attacked an animal or human.

Animal Information	
Animal Name: _____	Breed (if known) _____
Spayed or Neutered: _____	Age: _____
Microchip #: _____	Other Descriptors: _____

It is expressly understood that the Matanuska-Susitna Borough, including officers, employees, agents and contractors will not incur any obligation whatsoever to me on account such disposition of said animal.

Signature: _____

Date: _____

Printed Name: _____



Matsu Animal Shelter Dog Profile

Animal ID _____

Dog's Name: _____ Age: _____ Sex: _____

BEHAVIOR/LIFESTYLE HISTORY

Please check or fill in your response

Has your dog lived indoors or outdoors, or both?

How much time does your dog spend indoors per day?

Do you take your dog outside to go to the bathroom? Yes No Pad trained

Does your dog let you know they need to go out? Yes No

If yes, how? _____

Does your dog have accidents in the house? Yes No

If yes, how often? Daily A few times/week A few times/month A few times/yr

If yes, does your dog: Urinate Defecate Both

Is the dog crate trained? Yes No

If yes, how long is the dog used to spending in the crate each day? _____

How long can your dog wait before needing to go to the bathroom? Not at all 1-3hrs 4-8hrs
8-12hrs 12+hrs

How long is your dog left alone, without people?

Never 1-3 hrs 4-8hrs 8-12hrs 12+hrs

When alone, is your dog: outdoors free in the house confined to a room

Crated Other: _____

When left alone, does your dog:

Destroys household items Urinate/Defecate Bark Cry None Other: _____

If your dog destroys household items, check all that apply:

Chews woodwork/walls chews windows/doors chews furniture

Chews clothing/shoes chews toys other: _____

Does your dog do any of the above behaviors when you are home? Yes No

If so, which? _____

How does your dog react to bathing/handling such as petting or hugging?

Are there areas on your dog's body they do NOT like to be touched?

ears mouth tail collar rear end paws/nails

can touch dog anywhere

If touched in the above place(s), how does your dog respond?

moves away shows teeth growls snaps no reaction doesn't

bites react negatively when touched anywhere other _____

Is your dog allowed on the furniture? Yes No

How does your dog behave in the car?

Sleeps Barks Enjoys Afraid Resists entering

Dog is kenneled Vomits Urinates/Defecates Never Tried

Other _____

What words or commands does your dog understand?

Sit stay down off treat/cookie come leave it drop no fetch

Okay heel quiet doesn't know any other _____

What are your dog's favorite kinds of toys? _____

How would you describe this dog most of the time? Check all that apply

Very active Couch Potato Friendly Playful Rambunctious Fearful

Vocal/Bark/Howl Tolerant Affectionate A one person pet Shy

Friendly to visitors Shy to visitors Play bites/mouthy Chases small animals

Aggressive, describe: _____

What are some things that you truly enjoy/love about this dog? _____

Does your dog have any fears or phobias? _____

Does your dog have any medical issues? Yes No

Has it been seen by a vet, and if so which one? _____

How does your dog behave during visits to the vet? _____

Does your dog have to be muzzled at the vet? Yes No Sedated

How does your dog interact with the following? If he or she never lived with any of the following, write "none"

Men _____

Women _____

Children _____

Dogs _____

Cats _____

Small animals _____

Livestock _____

If your dog has behavioral or aggression issues, please fill out the behavior survey.