

  
**SCOTTSVILLE**  
**VETERINARY ADOPTIONS**

*"Dedicated to matching homeless pets with caring people"*

**3750 Scottsville Road • Scottsville, N.Y. 14546 • (716) 889-8340**

## Puppy Release Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of puppy(s): \_\_\_\_\_ Ages: \_\_\_\_\_

Breed of puppy: \_\_\_\_\_ Male(s) \_\_\_\_\_ Female(s) \_\_\_\_\_

Food he/she is currently on: \_\_\_\_\_

Feeding Schedule: \_\_\_\_\_

How long have you had the puppy? \_\_\_\_\_

Where did you acquire the puppy? \_\_\_\_\_

Why are you surrendering this puppy(s)? \_\_\_\_\_

Is he/she spayed or neutered? Yes No

Is he/she current on vaccines? Yes No

Please circle all that apply:

Housebroken

Crate Trained

Leash Trained

Basic Commands

Has he/she shown any aggression? Yes No

Does he/she do well around Children? \_\_\_\_\_ Any issues? \_\_\_\_\_

Does he/she do well with other dogs? \_\_\_\_\_ Any issues? \_\_\_\_\_

Does he/she do well with cats? \_\_\_\_\_ Any issues? \_\_\_\_\_

Has he/she ever fought with another dog? \_\_\_\_\_ Please explain: \_\_\_\_\_

Is he/she displaying any behavior issues, if so please explain: \_\_\_\_\_

Does your puppy have a fenced in yard? \_\_\_\_\_ Electric Fence? \_\_\_\_\_  
Tie Out? \_\_\_\_\_

What is your puppy fearful of? \_\_\_\_\_  
\_\_\_\_\_

What are your puppy's favorite toys? \_\_\_\_\_

How does he/she do in the car? \_\_\_\_\_

How long each day is your puppy left alone inside your home? \_\_\_\_\_

Is he/she free or confined \_\_\_\_\_

If he/she is confined – where/how? \_\_\_\_\_

**PLEASE READ AND SIGN:**

I \_\_\_\_\_ agree to relinquish custody and ownership of my puppy(s) to Scottsville Veterinary Adoptions, for placement into the pet adoption program. I understand that Scottsville Veterinary Adoptions is a “no kill” shelter, but if this dog deteriorates physically, or is deemed “un-adoptable” due to aggressive behavior, this animal may require euthanasia, at the full discretion of adoption or veterinary staff.

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

*Thank you.*