

HOW TO SURRENDER YOUR PET
SCRAPPY'S HAVEN
29 Glenwood Drive, Topping, Virginia

Hours of Operation: 9am-5pm Mon-Fri by appt only
Phone: (804) 852-3361

Important Details

1. Surrenderer's driver's license or legal proof of identification is required at the time pet is relinquished.
2. Bring your pet's complete vet records, including proof of rabies vaccinations, any other vaccinations, as well as any medications they may need.
3. Bring some of their favorite belongings, such as toys or blanket.
4. Visitation: Visitation is welcomed and encouraged! Hours are by appointment only so please call or email to schedule.
5. To ease your pet's transition and make it as pleasant as possible for them, use the form below to describe the animal's medical history, special needs, and behavior.

Please note: Scrappy's Haven does not provide euthanasia services. If your pet needs to be put to sleep, please contact your veterinarian. If you do not have a veterinarian, please refer to the phone book or contact your local Humane Society, who can offer a list of veterinarians in the area.

Pet surrender questionnaire:

1. Has the dog bitten anyone in the past 10 days?
YES ____ NO ____
2. Dog's name _____
3. Dogs breed: Chihuahua ____ Chihuahua Mix ____
4. Dog sex: Male ____ Female ____
5. Is it spayed or neutered? YES ____ NO ____
6. How long have you had this dog? _____
7. Your relationship to the dog: (owner, caretaker, Foster, other) _____
8. How many homes has this dog had? _____
9. Reason for having to rehome/surrender your dog:

10. Is the dog frightened of anything?

YES ____ NO ____

11. Does the dog have any quirks or habits?

YES ____ NO ____

12. Please share any of your dogs "bad" habits.

13. Where does your dog usually sleep at night (bed, crate, free roam of house etc)?

14. How is your dog restrained when outside (never left outside, kept on leash, electronic fence, traditional fence, or other)?

15. Has the dog escaped your home or yard in the past 6 months? YES ____ NO ____

16. Does your dog tend to uncontrollably chase moving things while outside, including other animals, people, cars, etc? YES ____ NO ____

17. Is the dog overly protective of its food, family members, or property? YES ____ NO ____

18. Does your dog tolerate the company of other dogs or cats? YES ____ NO ____

19. How does your dog react when touched anywhere on its body?

20. How does your dog react when it is bathed, brushed, or feet wiped?

21. Is the dog house broken? YES ____ NO ____

22. Is the dog crate trained? YES ____ NO ____

23. Does the dog jump up on other people when greeting them ? YES ____ NO ____

24. Does the dog beg when there's food on the table?

YES ____ NO ____

25. Describe your dog's behavior when transported in the car.

26. Is the dog destructive when left alone in the home (chews, destroys furniture, urinates/defecates):

YES ____ NO ____

27. Has the dog had any obedience training?

YES ____ NO ____

28. Does the dog walk on a leash and if so, to what type of leash is he accustomed? YES ____ NO ____

29. Is your dog accustomed to visiting and behaving for the groomer? YES ____ NO ____

30. Has the dog seen a veterinarian regularly at least once a year? YES ____ NO ____

31. Does your dog have any current medical conditions,
such as eye or ear infections, tumors, seizures, etc.?

YES ____ NO ____

32. Please share if the dog has permanent conditions such as:

_____ Blindness

_____ Hair loss

_____ Deaf

_____ Poor appetite, poor water intake

_____ Uncontrollable bowels

_____ Vomiting or diarrhea

_____ Hip dysplasia

_____ Food allergies

_____ Skin allergies

_____ Other

33. Is your dog on a special diet? YES ____ NO ____

34: Special Notes: