PET SURRENDER FORM

Facility Name: _____ Contact Number: _____

Owner / Surrendering Party Information:

Full Name: _____

Address: _____

City / State / Zip: _____

Phone Number: _____

Email Address: _____

Pet Information:

Pet Name: _____ Species: _____

Breed: _____ Color / Markings: _____

Age: _____ Sex: _____ Weight: _____

Microchip Number (if any): _____

Health and Medical Information:

Is the pet currently under the care of a veterinarian? (Yes / No): _____

Is the pet spayed / neutered? (Yes / No): _____

Is the pet current on vaccinations? (Yes / No): _____

Date of last rabies vaccination: _____

Date of last distemper/parvo vaccination: _____

Is the pet currently taking any medications? (Yes / No): _____

If yes, list medications and dosages: _____

Has the pet had any known illnesses, injuries, or surgeries? (Yes / No): _____

If yes, please describe: _____

Does the pet have any allergies? (Yes / No): _____

If yes, please describe: _____

Has the pet ever bitten or shown aggression towards people or other animals? (Yes / No): _____

If yes, please explain circumstances: _____

Surrender Reason:

Please provide an explanation for surrendering your pet. Attach additional pages if necessary.

1. I am the legal owner or authorized agent of the pet described above and have the right to surrender the pet.

2. I understand that surrendering this pet is permanent and that I relinquish all rights of ownership, custody, and control to the receiving organization.

3. I acknowledge that the receiving organization may make decisions regarding the pet's care, adoption, or humane euthanasia at their sole discretion.

4. I have provided accurate and truthful information regarding the pet's health, behavior, and history to the best of my knowledge.

5. I understand that the receiving organization does not guarantee adoption or placement of the pet, nor do they guarantee the pet's future health or behavior.

6. I release the receiving organization, its employees, volunteers, and agents from any liability arising out of or related to the surrender and subsequent care of the pet.

7. I certify that the pet is free of contagious diseases, except those disclosed above, and that no one in my household is suffering from any zoonotic diseases.

8. I understand that all personal information collected will be used in compliance with applicable laws and kept confidential as per organization's privacy policy.

Owner Signature and Date:

Signature: _____ Date: _____

Printed Name: _____

Receiving Organization Use Only:

Received By (Name and Title): _____

Date and Time Received: _____

Condition of Pet at Intake: _____

Notes: _____

_____

_____

OWNER SIGNATURE **RECEIVING ORGANIZATION SIGNATURE**

Signature: _____ Signature: _____