



Critter Surrender Form

<u>Internal Use Only</u>		
Surrender date: _____	Animal Number: _____	Uploaded by: _____

We know that the decision to surrender a pet to the shelter is never an easy one. One of the best things you can do for your pet is to give us as much detail as possible on this form, to help us find the best possible match for your pet's new forever home. No pet is perfect! Be honest about the challenges that you and your pet have faced together. It is less important that your pet be the "ideal pet", and more important that we can tell new adopters what living with your pet is really like.

Pet's name: _____ Date of Birth/Age (estimate is okay): _____

Type of pet: _____ Length of ownership: _____

Sex: Male Female Unknown Spayed/Neutered: Yes No Unknown

Where did you get your pet? _____

Reason for surrender: _____

Why did you choose our shelter? _____

Is there anything that we can do or provide to help your pet stay in your home (example: training, supplies/food, low-cost veterinary recommendations)? <input type="radio"/> Yes <input type="radio"/> No If yes, explain: _____
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Would it be ok for the new guardian to contact you with questions? Yes No
If yes, what is your preferred method of contact? Phone Email

Living Situation

How is your pet housed? Cage/tank/enclosure inside Loose in house Strictly outside
 Currently shares space with a companion Used to share space with a companion Always housed alone

Comments: _____

What room in the house does the pet live in? _____

This pet has shared a household with: Cats Dogs Caged birds Kids 0-10
 Kids 11-18 Adults Other: _____

Comments: _____

Diet: Hay Pellets Fruit Vegetables Special diet: _____

Other: _____

Behavior & Personality

What are some of your pet's favorite toys? _____

Has this pet ever shown aggression to people? Yes No

If yes, explain: _____

Has this pet ever shown aggression to other animals? Yes No

If yes, explain: _____

Please check as many of the following that describe your pet's behavior and habits:

- Likes to be held Likes Children Friendly Shy Likes to be quiet Gentle
 Active Submissive Nocturnal Bites Vocal Chews
 Sleeps a lot Independent Dominant Escape artist Likes to be part of the action
 Other: _____

Medical Information

Has your pet visited a veterinarian? Yes No

If yes, describe when and why: _____

Name of veterinarian(s): _____

Known medical issues: _____

Is there anything else we should know about your pet? _____
