

Type of Animal.... PLEASE CIRCLE..... DOG... CAT..... OTHER _____



Date _____ Received by _____

OWNER or SURRENDER Person (please print) _____ Phone _____

Address _____ Zip _____ City _____

If you are not the owner, where did you acquire this animal from? _____

I am surrendering this animal (specify, please circle) cat/dog/other _____ due to _____

How long has this animal been in your possession? _____

Has this animal lived with: 1) Adults: Men / Women 2) Children 3) Dogs 4) Cats

Does the animal get along with all the above? _____ If not, specify _____

Does animal know any commands, tricks? _____

To the best of my knowledge, this animal (HAS / HAS NOT) bitten in the last 10 days and (IS / IS NOT) sick.

If I surrender an owned animal, I will not adopt another animal from this facility for a period of 1 year.

Upon signing this form, I relinquish all ownership rights to such animal and authorize the Western Hills Humane Society to take into custody such animal and make such disposition of the animal as deemed necessary. I understand WHHS is under no obligation to return this animal to me nor will WHHS release any information about its final disposition. Please Initial _____

Animal Description:

Animal Name: _____ Species (circle): Dog Cat Other _____

Breed _____ Primary Color _____ Markings _____

Please circle. Male * Neutered * Female * Spayed * Unknown * Declawed _____ Age _____

Housetrained * Uses litter box * Indoor Pet * Outdoor Pet * Mouser * Watchdog * Microchip # _____

Name of Veterinarian _____ Medical Conditions _____

List current vaccinations _____ Is vacc paperwk included? _____

Apparent condition of this animal at time of surrender _____

I am donating \$ _____ to help take care of this animal while it is waiting for a new home. (A minimum of \$50.00 is being asked to help provide for food, shelter and care while at WHHS.) Cash _____ Ck (Dr License #) _____

Signature _____

Printed Name _____

General Animal Information:

Type of Food Animal has been on _____

Special Needs: Please Circle

Behavioral: *Food/Object Guarder * Person Guarder * Marking * Fearful Behavior *Fear Aggression *Separation Anxiety * Bites/Snaps * Cautious/Submissive * Tolerates * Playful/Rambunctious * Fearful

*Friendly * Chases **Comments** _____

Medical: Prescription Med * Prescription Diet *Severe Allergies * Physical Challenges * Medical Conditions

Comments _____

Please circle what best describes this animal:

I Enjoy which of the following:

Agility * Digging * Car Rides * Climbing * Dog Park * Fetch * Hiding * Quiet * Running * Toys * Walking *Swim

I Am Afraid of which of the following:

Being left alone * Loud Streets * Children * Loud Noises * Men * Riding in Cars * Uniforms/Hats * Water *Women *Thunderstorms

I Am Described as: Lap Loving* Curious * Social Butterfly * Mellow * Active * Playful * Loner

My Noise Level: High * Moderate * Low

My Energy Level: High * Moderate * Low

My Previous Training: None * Minimal * Some * Fully * Extensive

I Lived: Indoor * Outdoor * Both