



**Owner Surrender Form**

1125 Easterwood Drive ♦ Tallahassee ♦ Florida ♦ 32311  
 (850) 891-2950 / Fax: (850) 891-2977

<b>Owner and Pet Information</b>				
Owner's Name:		Owner's DOB:		Today's Date:
Address:		City/State:		Zip:
Phone #:		Phone #:		E-mail Address:
Driver's License Number:			Issuing State:	
Pet's Name:		Pet's Age:		Pet Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other
Pet's Breed:			Pet's Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pet's Color / Descriptive Markings:				
Has your pet ever bitten?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Has your pet bitten anyone in the last 10 days?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Surrender History</b>				
Have you ever surrendered a pet to us before? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what was the reason?				
Reason for surrendering your pet? Provide as much information as possible. It is the only way we can properly assist your pet.				
If we could offer any assistance to help you keep your pet, would you be interested? <input type="checkbox"/> Yes <input type="checkbox"/> No				
To keep my pet, I would need:				
How long have you owned your pet?			How many homes has your pet had?	
Where did you get your pet?	<input type="checkbox"/> This shelter	<input type="checkbox"/> Found as a stray	<input type="checkbox"/> Pet store	<input type="checkbox"/> Rescue group
	<input type="checkbox"/> Another Shelter - Name of agency:			Name of agency:
	<input type="checkbox"/> Breeder	<input type="checkbox"/> Given as a gift	<input type="checkbox"/> Craig's List	<input type="checkbox"/> Born at home
<b>Medical Information</b>				
Has your pet been to a veterinarian?			Name of veterinarian?	
Is your pet current on vaccinations?			When was your last veterinarian visit?	
Has your pet been diagnosed with any of the following:				
<input type="checkbox"/> Asthma	<input type="checkbox"/> Cancer	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Tumors	<input type="checkbox"/> Allergies: _____
<input type="checkbox"/> Parvo	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Urinary Tract Infection
<input type="checkbox"/> Heartworms	<input type="checkbox"/> Feline Leukemia	<input type="checkbox"/> Feline Immunodeficiency Disease (FIV)		<input type="checkbox"/> Epilepsy / Seizures
<input type="checkbox"/> Mange	<input type="checkbox"/> Upper Respiratory Disease		<input type="checkbox"/> Other:	
<b>General Personality (Cats and Dogs)</b>				
Check all that apply to your pet's overall personality:				
<input type="checkbox"/> Very active	<input type="checkbox"/> Couch potato	<input type="checkbox"/> Talkative/vocal	<input type="checkbox"/> Quiet	<input type="checkbox"/> Friendly to visitors
<input type="checkbox"/> Independent	<input type="checkbox"/> Fearless	<input type="checkbox"/> Playful	<input type="checkbox"/> Escape artist	<input type="checkbox"/> Shy to visitors
<input type="checkbox"/> Likes being alone	<input type="checkbox"/> Likes being with people		<input type="checkbox"/> Fearful	<input type="checkbox"/> Hates visitors
Has your pet had regular good/safe interactions with children?			<input type="checkbox"/> under 5 years	<input type="checkbox"/> 5-12 years
<input type="checkbox"/> Over 12 years	<input type="checkbox"/> No patience with kids		<input type="checkbox"/> Never been around kids / unsure of reactions	
Good with cats? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		Good with Dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
What is your pet's favorite toy?				
What brand of food has your pet been eating?			<input type="checkbox"/> Canned <input type="checkbox"/> Dry food	
Where does your pet sleep?				
What, if anything, is your pet afraid of?				
Does your pet like to chase? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what does he chase?				
What, if anything, has your pet been aggressive toward?				

**Cats Only**

