

City of Plainview Animal Management

Animal Surrender Form

No one knows your animal the way you do! In order to find the best home for your animal, please provide us with as much detail as possible about history, past veterinary care, likes, dislikes and quirks. Behavioral and medical issues do not necessarily create problems, but failing to disclose them does.

Animal ID# _____ **Shelter Arrival Date:** _____ **Is this a return?** _____

General Information

Name of Animal _____ Age _____ Male/Female _____

Color _____ Breed _____

Is the animal spayed or neutered? ____ Does the animal have ID (microchip)? _____

Is the animal declawed? _____ If declawed, when was it done? _____

Approximate weight _____

Why are you surrendering this animal? _____

History

How long have you had the animal? _____

Where did you acquire the animal? _____

Has this been an indoor pet? _____ Is the animal house trained/ litter trained? _____

Any history of aggression/biting/growling? If yes please describe _____

Is your pet groomed periodically? ____ Does your pet enjoy baths and grooming?

Medical History

Veterinarian's Name and contact information _____

Vaccinations and dates if known:

Any known surgeries:

Are there any other medical conditions?

Has the animal been diagnosed or treated for any of the following (check all that apply)

☐ Allergies ☐ Upper respiratory infection ☐ Heart murmur ☐ Epilepsy/ seizures
☐ FIV ☐ FELV ☐ Ringworm ☐ Thyroid Disease ☐ Cancer
☐ Urinary tract infection ☐ Organ failure ☐ Diabetes

Do you use heart worm preventative? _____ Flea and/ or tick preventative? _____

If yes, to either: what type and when was it last given? _____

Personality

Does the animal get along with cats? ____ Dogs? ____ Children? ____ Men? ____ Women? ____

How would you describe your pet's personality? _____

What do you think would be an ideal home for this pet? _____

Does your pet exhibit any of the following behaviors:

☐ Urinate in house ☐ Defecates in house ☐ Chews ☐ Digs ☐ Bites

☐ Fights with other animals ☐ Jumps on people ☐ Has car sickness ☐ Jumps/climbs fences

☐ Scratch furniture ☐ Scratch people

Other comments on your pet's behavior or temperament that would help us match them to a suitable home:

If this pet a dog, what percent level of obedience would you say your pet is at:

☐ 100% of the time ☐ More than 50% of the time ☐ Less than 50% of the time ☐ Not trained

Does the dog obey the following commands: ☐ Come ☐ Sit ☐ No ☐ Stay ☐ Down ☐ Heel

Is the dog leash trained? _____ How does the dog indicate a need to go out? _____

Dietary Habits

What is your feeding schedule? _____ Are there any eating or food issues? _____

What type of food is your pet accustomed to eating? _____

I, _____, do hereby willingly relinquish ownership of the above animal to the City of Plainview Animal Management. I certify that I am the owner of this animal, or that the animal is a stray and the owner is unknown to me. I understand that the City of Plainview Animal Management will do its best to place this animal in an appropriate home, but it could possibly be euthanized. I relinquish and give up all rights and claims to this animal.

Name _____ Date _____

Signature _____