**Animal Surrender Forms**

**84 East Ridge Road**

**Sheridan, WY 82801**

**Phone:(307)674-7694**

**Fax:(307)672-6409**

**Email:** **dogncat@fiberpipe.net**

**Website:** [**www.dogandcatshelter.org**](http://www.dogandcatshelter.org/)

Animal Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St: \_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Surrender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*My Signature gives permission for my veterinarian to release all records pertaining to the pet named above to the Dog and Cat Shelter of Sheridan Wyoming*

*I am the owner/Authorized custodian of the above mentioned animal. I unconditionally relinquish all rights of ownership in this animal.*

*I am the owner/Authorized custodian of the above mentioned animal and I request/Authorize that the Dog and Cat shelter Euthanize my animal.*

*I am not the owner of the above Described animal, I relinquish custody of and all claims to the Animal to the Dog and Cat Shelter.*

*To the best of my Knowledge the above described animal has not bitten any person in the last 10 days.*

*I accept responsibility for the accuracy of the above. Surrendered Animals may be euthanized at any time.*

*My Signature gives permission to my veterinarian to release all records pertaining to the pet named above to the Dog and Cat Shelter of Sheridan Wyoming*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Signature Date*

Animal Information Form

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Please answer the following questions pertaining to the cat you are surrendering. This information will be extremely helpful to us so that we may place it in a suitable home. By giving the new/prospective owners an overall history of this animal, the transition to its new home will be less stressful. When completing this form, please include all behaviors of the animal, even those that are negative.

Animal’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Animal’s age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB (if known):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male / Female Neutered Or Spayed? Y / N

Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purebred? \_\_\_\_\_\_ Mix?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Declawed? Y / N Front? Back? Both?

How long have you had this cat?\_\_\_\_\_\_\_\_\_How did you acquire the cat?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the cat an only pet? \_\_\_\_ other animals in home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is the cat tolerant of?

Children? Y / N / Don’t Know Strangers? Y / N / Don’t Know

Other Cats? Y / N / Don’t Know Dogs? Y / N / Don’t Know

Being Held? Y / N / Don’t Know Being Groomed? Y / N / Don’t Know

Ears Cleaned? Y / N / Don’t Know Bath? Y / N / Don’t Know

Did the cat live indoors, outdoors, or both? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the cat use a litter-box? Y / N

Please circle any behaviors the cat has exhibited: Sprays Growls Scratches Bites

 Hides Claws carpets/furniture

Has the cat ever been aggressive? Y / N Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ever bitten anyone?: \_\_\_\_\_ Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else you want us to know? (Likes, fears, medical, food, behavior, etc.)

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Staff Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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