

DATE:

ANIMAL SURRENDER APPLICATION



Section 1 – ANIMAL INFORM	MATION											
Animal Name:	Animal's Age:											
		1	7411110.3 7.80.									
Birth Date(if known):		Species:			Breed:							
Spayed/Neutered? Microchip #:				Copy of Photo ID: Yes No								
Section 2 – OWNER'S INFORMATION												
Owners Name:												
Owner's Mailing Address												
(STREET, CITY, POSTAL												
CODE)			Owner's									
Owner's Telephone:			Email:									
Please answer honestly as you can, so staff can provide proper care for your animal												
with the goal of finding a compatible home or rescue												
Section 3 – BACKGROUND INFORMATION & QUESTIONNAIRE												
1) Why are you giving up your pet?												
2) Does this animal have a bite history of any kind? (Human or Animal): Yes No												
If Yes, please describe the situation:												
	3) How is your animal around kids? Cats?											
Dogs?	Dogs?											
4) How is your animal'	How is your animal's general temperament?											
5) Has it ever shown a	5) Has it ever shown any signs of aggression? Yes No											
If Yes, explain:												
6) Is the animal house	traineu/ iitter bc	ox trailleur res	No									
DOGS ONLY:												
1.) Is the dog crate train	ned? Yes	No										
2.) Has the dog ever se	2.) Has the dog ever seen a professional trainer? If so, who?											
3.) How is the dog whe	3.) How is the dog when walking on a leash?											
4.) Please list any signs of separation anxiety your dog has shown:												

MEDIC	AL INFORMATION:								
1)	Which veterinary clinic has your animal bee	en going to	?						
2)	Have they received any vaccinations? Yes	1	No	Are they up to da	te? Yes	No			
3)	3) Are there any health issues or allergies we should be aware of? (please list)								
4)	Do you have a copy of their veterinarian re	cords for u	s? Yes	No					
	Are you willing to release them to us? Yes	S	No						
5)	Name of Vet Clinic:								
Ιh	ereby certify that I am the rightful own	er of this	animal, and	the information	I have prov	ided is correc	t and true.		
Signatu	re:								
Section	4 – DECLARATION OF RELEASE								
Polic Control	re Services by placing an "X" before that I am the owner of the animal (services. To the best of my knowledge, my and the City of St. Thomas Animal Control Services adopted according to the City of St. Thomas Animal Control Services adopted according to the City of St. Thomas Animal Control Services and predictions of the City of St. Thomas Animal Control Services and predictions of the City of St. Thomas Animal Control Services and predictions of the City of St. Thomas Animal Control Services and predictions of the City of St. Thomas Animal Control Services and predictions of the City of St. Thomas Animal Control Services and predictions of the City of St. Thomas Animal Control Services and predictions of the City of St. Thomas Animal Control Services and predictions of the City of St. Thomas Animal Control Services and Predictions of the City of St. Thomas Animal Control Services and Predictions of the City of St. Thomas Animal Control Services and Predictions of the City of St. Thomas Animal Control Services and Predictions of the City of St. Thomas Animal Control Services and Predictions of the City of St. Thomas Animal Control Services and Predictions of the City of St. Thomas Animal Control Services and Predictions of the City of St. Thomas Animal Control Services and Predictions of the City of St. Thomas Animal Control Services and Predictions of the City of St. Thomas Animal Control Services and Predictions of the City of St. Thomas Animal Control Services and Predictions of the City of St. Thomas Animal Control Services and Predictions of the City of St. Thomas Animal Control Services and Predictions of the City of St. Thomas Animal Control Services and Predictions of the City of St. Thomas Animal Control Services and Predictions of the City of St. Thomas Animal Control Services and Predictions of the City of St. Thomas Animal Control Services and Predictions of the City of St. Thomas Animal Control Services and Predictions of the City of St. Thomas Animal Control Services and Predictions of the City o	he approons or needs) described animal(s) havings does reated or beh	ed clarificated above and I ave/has not seuthanized avior probler	hereby release this cratched or bitten the healthy, adoptable ms are found which	et Animal (lation. s animal to the anyone in the etanimals, I u	he City of St. The past fourteer	homas Animal n (14) days.		
he City	stand that, once I have surrendered my pet a of St. Thomas Animal Control Services will n ler. If I wish to reconsider my decision to sur s reserves the right to decline a re-adoption.	ot be at lib render said	erty to releas	se any information	about the ar	nimal as of the	date of		
Ow	ner's Signature:				-		M/DD/YYYY		
An	imal Service Staff Signature:				_				
	I am acting on behalf of the St. Thomas P	olice Servio	Staff Initials			MI	M/DD/YYYY		
Pol	ice Officer Signature:		Staff Initials		-	M	M/DD/YYYY		
Δn	imal Service Staff Signature								

Staff Initials

MM/DD/YYYY