



OWNER SURRENDER SUPPLEMENTAL FORM

Please fill out the following form honestly to assist us in making a suitable match for your surrendered companion.

Pet's Name: _____ Breed: _____ Age _____

How long has this animal lived with you? _____

From where did you obtain the pet? _____

Please explain why you are relinquishing your pet? _____

What is the name and # of your current and or previous veterinary clinic? _ _ _

Does your pet have any medical concerns such as allergies or seizures,? _____

If yes, please explain: _____

If so are they controlled by: Special diet Drug dosage Uncontrolled

Please explain: _____

What does a 24 hour period look like for your pet? _____

Has your pet ever escaped from the yard or house? _____ If yes, please explain how: _____

For how many hours is your pet comfortable being left alone? _____

Has your pet ever been introduced to a crate? _____

If yes, please describe his/her behavior in the crate: _____

Is your pet housetrained/litter box trained? _____

If not, under what circumstances might he/she have an accident? _____

What is your pet's favorite game/activity/toy? _____

Who is your pet's favorite company? _____

How does your pet generally show affection? _____

How does your pet generally greet strangers in the home? _____

How does your pet greet strangers/other animals outside of the home or in general? _____

How does your pet behave at the vet? _____

If he/she has a negative experience, please explain: _____

What commands does your pet know? _____

Has your pet had any experience with children? _____

If yes, what ages and what circumstances: _____

Would you recommend that your pet be placed in a home with children? _____

If no, please explain: _____

Does your pet display any behaviors that the new adopters will need to be aware of? (ex. Chewing, excessive barking, separation anxiety, destructive)? _____

If yes, please explain: _____

When does the pet exhibit these behaviors? _____

Do these behaviors continue to happen? _____

