

OWNER SURRENDER FORM

Legal First and Last name _____ Phone Number (_____) _____

Address _____ Apt/Unit/Lot # _____

City _____ State _____ Zip Code _____

Pet Name _____ Pet Age _____ How long have you owned? _____

- Unfixed Male
- Neutered Male
- Unfixed Female
- Spayed Female
- Cat
- Dog
- Other _____

Breed: _____

Color(s): _____

Personality/Quirks: _____

Why are you surrendering your pet?

Is your pet house-trained?

- Yes
- No

Is your pet kennel trained?

- Yes
- No

Is your pet...

- Indoors
- Outdoors
- Both

When your pet it is alone it is...

- Kenneled
- Free Roam
- Other _____

Has your pet ever bit anyone?

- Yes
- No

If yes, did the bite break skin?

- Yes
- No

Did the bite involve any under 18?

- Yes
- No

Please describe the incident where the bite occurred

Date of last bite ____ / ____ / ____

Has your pet been around other animals?

- Yes, in the same house
- Yes, not in the same house
- No

If yes, how many animals?

- 1 4
- 2 5
- 3 6+

If yes, what species? Check all that apply

- Cats Rabbits Small Animals
- Large Dogs Cows Reptiles
- Small Dogs Chickens Other _____

If yes, how did they get along? _____

Has your pet been around children?

- Yes, in the same house
- Yes, not in the same house
- No

If yes, what ages? Check all that apply

- 0-1 9-11
- 2-4 12-14
- 5-8 15-17

Has your pet had medical or health concerns?

- Yes, but treated
- Yes, untreated
- No

If yes, how did they get along? _____ If yes, please describe _____

Primary Vet Clinic _____ Clinic City/State _____

I do hereby surrender all my interests in the animal(s) listed above therein to the Sioux Falls Area Humane Society and I request the pet be re-homes or euthanized as deemed advisable of the Sioux Falls Area Humane Society. I acknowledge that I relinquish my ownership of the animal(s) and that the Sioux Falls Area Humane Society cannot provide any updates on the animal(s). All statements on this form are truthful and honest to the best of my knowledge. I understand SFAHS cannot provide any updates about my animal(s).

If you are so able, a donation of \$30 will help towards the cost of placing your animal(s) up for adoption. Please make checks payable to the Sioux Falls Area Humane Society. Please place check or cash donations in an envelope and slide under the locked door. Thank you.

Signature _____ Date _____