



# SURRENDER FORM

OWNER

STRAY

RETURN

Date: \_\_\_\_\_ Microchip #: \_\_\_\_\_ Animal ID: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Where did animal originally come from? \_\_\_\_\_

Vaccination Date: \_\_\_\_\_ Rabies Tag#: \_\_\_\_\_

Vet Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Dog Breed \_\_\_\_\_  City limits  
 Cat Name \_\_\_\_\_  Outside city limits  
 Male Color \_\_\_\_\_  
 Female Age \_\_\_\_\_ Area \_\_\_\_\_

Spay/Neutered Housebroken  yes  no *Note on other animals:*  
 No Good with children  yes  no  
 Unknown Good w/other animals  yes  no

Has the animal(s) described above bitten a person or another animal in the last 10 days?  yes  no *If so: Whom:* \_\_\_\_\_  
Where: \_\_\_\_\_ Date: \_\_\_\_\_

Other medical information: \_\_\_\_\_

Reason for return or surrender: \_\_\_\_\_

Habits: \_\_\_\_\_

PLEASE WRITE ON THE BACK IF YOU NEED MORE ROOM

I, the undersigned, do hereby certify that  I am the owner  I am NOT the owner  I am returning the animal(s) described above.

I, \_\_\_\_\_ do hereby relinquish the above-mentioned animal(s) to the Gardenia E. Janssen Animal Shelter, I understand that this animal(s) will be placed for adoption depending on health, or personality or space availability. I understand that this animal(s) will be euthanized if unadoptable or overcrowding occurs. I take full responsibility for any claims of third parties against the Gardenia E. Janssen Animal Shelter and agree to hold the Gardenia E. Janssen Animal Shelter harmless for any such claims to this animal.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_