

# SURRENDER FORM

SURRENDER FORM TO BE COMPLETED PRIOR TO EXAM

Return to: SOUTHWEST METRO ANIMAL RESCUE AND ADOPTION SOCIETY

P.O. Box 493 📍 Chaska, Minnesota 55318 📞 952-368 PAWS (7297)

## PERSONAL INFORMATION

Date_____	Name_____
Address_____	
City, State, Zip_____	
Daytime Phone # ( _____ )	Evening Phone # ( _____ )
E-Mail Address (optional): _____	

## DESCRIPTION

Name of animal (if known)_____	Age (if known)_____
Cat_____ Dog_____ Rabbit_____	Male_____ Female_____ Sterilized? Yes_____ No_____ Unsure_____
Breed_____	Color_____ Markings_____

1. The above stated animal was: \_\_\_\*Found by me \_\_\_Raised/owned by me \_\_\_Other\_\_\_\_\_
2. \*If found, please indicate the date found\_\_\_\_\_
3. Animal's Veterinarian Clinic (if known)\_\_\_\_\_
4. Has this animal **bitten or scratched** anyone in the past? \_\_\_Yes \_\_\_No \_\_\_Unknown
5. If yes, indicate the date of the bite or scratch and explain\_\_\_\_\_
6. Reason (s) for surrendering the animal\_\_\_\_\_

## CHECK ONE

<input type="checkbox"/> YES	<b>Contact me for return of the pet</b> should euthanasia be deemed the only viable and reasonable option, or if Southwest Metro Animal Rescue is unable to provide housing. I understand that I have <b>48 hours</b> to reclaim the pet after being notified by Southwest Metro Animal Rescue.
<input type="checkbox"/> NO	

I hereby surrender the above-described animal(s) to SMARAS. I understand my signature on this form indicates that I relinquish all rights to the above-stated animal(s), and I hereby transfer ownership of the animal(s) to SMARAS. I understand that although every effort will be made to find this animal (s) a home, SMARAS cannot guarantee the length of time it will be kept. I certify that the information I have given is accurate and true.

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

SMARAS Representative (surrender authorized by)\_\_\_\_\_

## DONATION TO BE PAID AT THE TIME OF SURRENDER (optional on strays)

Make checks payable to SMARAS. Donation Amount \$\_\_\_\_\_ Check\_\_\_\_\_ Cash\_\_\_\_\_

**COMPLETE THE INFORMATION ON THE ATTACHED 2-SIDED FORM**

**DOGS** (for cats, turn over)

Please provide as much information as possible in response to the following questions. This will help us to provide for the cat or dog and place him/her in the most appropriate home.

1. Where did you obtain this dog (friend, shelter, \*stray, breeder, etc)? \_\_\_\_\_  
\*If it was a stray, where & when did you pick it up? \_\_\_\_\_
2. How long have you had this dog? \_\_\_\_\_
3. Has this dog been housed: Indoors\_\_\_\_ Outdoors\_\_\_\_ Both\_\_\_\_ If both, please explain: \_\_\_\_\_
4. Has the pet received vaccinations? Yes\_\_\_\_ No\_\_\_\_ Unsure\_\_\_\_ If yes, date of vaccinations: \_\_\_\_\_  
If yes, which vaccinations were last received? \_\_\_\_\_  
Name of Veterinarian Clinic where dog received vaccinations: \_\_\_\_\_
5. What kind of food do you feed the dog? \_\_\_\_\_ When do you feed the dog? \_\_\_\_\_
6. What kind of toys or games does the dog like? \_\_\_\_\_
7. Does the dog know any tricks? If so, explain: \_\_\_\_\_
8. Has the dog been tied or chained? All of the time\_\_\_\_ Most of the time\_\_\_\_ Some of the time\_\_\_\_ Never\_\_\_\_
9. Has the dog been in a fenced yard? All of the time\_\_\_\_ Most of the time\_\_\_\_ Some of the time\_\_\_\_ Never\_\_\_\_
10. Has the dog been in the house? All of the time\_\_\_\_ Most of the time\_\_\_\_ Some of the time\_\_\_\_ Never\_\_\_\_
11. Has the dog been in an indoor crate? All of the time\_\_\_\_ Most of the time\_\_\_\_ Some of the time\_\_\_\_ Never\_\_\_\_
12. Has the dog been "free roaming"-not tied or contained in a fence? All of the time\_\_\_\_ Most of the time\_\_\_\_ Some of the time\_\_\_\_ Never\_\_\_\_
13. Is the dog used to being alone? Yes\_\_\_\_ No\_\_\_\_ Don't know\_\_\_\_
14. How many hours a day is he/she left alone for? \_\_\_\_\_
15. Has the dog been allowed on the furniture (couch, bed, etc.)? Yes\_\_\_\_ No\_\_\_\_ If yes, explain \_\_\_\_\_
16. Where did the dog sleep? \_\_\_\_\_
17. Is the dog housebroken? Yes\_\_\_\_ No\_\_\_\_ Don't know\_\_\_\_  
How does the dog let you know when he/she has to go out? \_\_\_\_\_
18. Is the dog used to walking on a leash? Yes\_\_\_\_ No\_\_\_\_ Don't know\_\_\_\_
19. Has the dog received any obedience training? Yes\_\_\_\_ No\_\_\_\_ Don't know\_\_\_\_  
If the dog has had formal training, what methods of training have been used? \_\_\_\_\_  
Please list commands that the dog responds to regularly: \_\_\_\_\_
20. If the dog misbehaves do you: Yell at him/her\_\_\_\_ Spank or hit him/her\_\_\_\_ Put him/her outside or in separated area\_\_\_\_  
Ignore him/her\_\_\_\_ Other\_\_\_\_ If other, please explain \_\_\_\_\_
21. Has the dog had problems with any of the following: Chewing\_\_\_\_ Digging holes\_\_\_\_ Digging under fences\_\_\_\_  
climbing, or jumping over fencing\_\_\_\_ Marking indoors with urination\_\_\_\_
22. Does the dog have any behavioral problems? Yes\_\_\_\_ No\_\_\_\_ Don't know\_\_\_\_  
If yes, explain \_\_\_\_\_
23. What parts of his/her body does the dog not like to have touched? \_\_\_\_\_  
What has the dog done to show you he/she doesn't like it? \_\_\_\_\_
24. Does the dog get along with other dogs in the house (if any)? Yes\_\_\_\_ No\_\_\_\_ Explain \_\_\_\_\_
25. Does the dog get along with cats in the house (if any)? Yes\_\_\_\_ No\_\_\_\_ Explain \_\_\_\_\_
26. Does the dog get along with children in the house (if any)? Yes\_\_\_\_ No\_\_\_\_ Explain \_\_\_\_\_  
What ages are the children the dog has been around? \_\_\_\_\_
27. Has the dog has experience with other animals (birds, horses, rabbits, etc.)? If so, please describe: \_\_\_\_\_
28. Does the dog: Chases cars\_\_\_\_ Jumps on people\_\_\_\_ Barks or Howls excessively\_\_\_\_
29. Does this dog have any particular fears? If so, please describe: \_\_\_\_\_
30. Does the dog ride well in cars? Yes\_\_\_\_ No\_\_\_\_
31. Please list adjectives that best describe the dog: (check all that apply): Easygoing\_\_\_\_ Outgoing\_\_\_\_ Shy\_\_\_\_ Aggressive\_\_\_\_  
Active\_\_\_\_ Friendly\_\_\_\_ Dominant\_\_\_\_ Protective\_\_\_\_ Hyperactive\_\_\_\_ One Person Pet\_\_\_\_ Playful\_\_\_\_  
Quiet\_\_\_\_ Depressed\_\_\_\_ Obedient\_\_\_\_

Any additional information about the dog's personality or habits: \_\_\_\_\_

Additional comments: \_\_\_\_\_

**CATS** (for dogs, turn over)

Please provide as much information as possible in response to the following questions. This will help us to provide for the cat or dog and place him/her in the most appropriate home.

1. Where did you obtain this cat (friend, shelter, \*stray, etc.)? \_\_\_\_\_  
\*If it was a stray, where did you pick it up? \_\_\_\_\_
2. How long have you had this cat? \_\_\_\_\_
3. Has this cat been housed:   Indoors\_\_\_\_   Outdoors\_\_\_\_   Both\_\_\_\_   If both, explain: \_\_\_\_\_
4. Has the pet received vaccinations?   Yes\_\_\_\_   No\_\_\_\_   Unsure\_\_\_\_   If yes, date of vaccinations \_\_\_\_\_
5. If yes, which vaccinations were last received? \_\_\_\_\_
6. Name of Veterinarian Clinic where cat received vaccines \_\_\_\_\_
7. Is this cat declawed?   Yes\_\_\_\_   No\_\_\_\_   If yes, explain:   Front claws only\_\_\_\_   Front and Back claws \_\_\_\_\_
8. What brand of food did you feed the cat? \_\_\_\_\_ Dry\_\_\_\_   Canned\_\_\_\_
9. What kind of toys or games does the cat like? \_\_\_\_\_
10. Does the cat know any tricks? If yes, explain \_\_\_\_\_
11. Has the cat been tied when out doors? \_\_\_\_\_
12. Does this cat walk on a leash? \_\_\_\_\_
13. Does this cat use the litter box?   Yes\_\_\_\_   No\_\_\_\_   Don't know\_\_\_\_
14. What type if litter used?   Clay\_\_\_\_   Sand\_\_\_\_   Scoopable\_\_\_\_   Deodorized\_\_\_\_   Other \_\_\_\_\_
15. Does the cat mind being picked up?   Yes\_\_\_\_   No\_\_\_\_   Don't know\_\_\_\_
16. Does the cat like being held? Yes\_\_\_\_   No\_\_\_\_   Don't know\_\_\_\_
17. Where does the cat sleep? \_\_\_\_\_
18. Has the cat been in the house?   Yes\_\_\_\_   No\_\_\_\_   Don't know\_\_\_\_
19. If the cat misbehaves do you:   Yell at him/her\_\_\_\_   Spank or hit him/her\_\_\_\_   Put him outside or in a separate area\_\_\_\_  
Ignore him/her\_\_\_\_   Other\_\_\_\_   If other, please explain \_\_\_\_\_
20. Has the cat had problems with any of the following?:   Clawing on furniture\_\_\_\_   Clawing on drapes\_\_\_\_   Digging in plants\_\_\_\_  
Chewing on plants\_\_\_\_   Kills rodents or birds\_\_\_\_   Urinating indoors/outside of litter box\_\_\_\_
21. Does this cat use a scratching post? Yes\_\_\_\_   No\_\_\_\_   Don't know\_\_\_\_
22. Does the cat have any behavioral problems? Yes\_\_\_\_   No\_\_\_\_   Don't know\_\_\_\_ If yes, explain \_\_\_\_\_
23. What parts of his/her body does the cat not like to have touched? \_\_\_\_\_  
What has the cat done to show you he/she doesn't like it? \_\_\_\_\_
24. Does the cat get along with other cats in the house (if any)? Yes\_\_\_\_   No\_\_\_\_   Explain \_\_\_\_\_
25. Does the cat get along with dogs in the house (if any)?   Yes\_\_\_\_ No\_\_\_\_   Explain \_\_\_\_\_
26. Does the cat get along with children in the house (if any)? Yes\_\_\_\_   No\_\_\_\_   Explain \_\_\_\_\_  
What ages are the children the cat has been around? \_\_\_\_\_
27. Does the cat have any particular fears? If so, please describe \_\_\_\_\_
28. Please list adjectives that best describe the cat: (check all that apply):   Easygoing\_\_\_\_   Outgoing\_\_\_\_   Shy\_\_\_\_  
Aggressive\_\_\_\_   Active\_\_\_\_   Friendly\_\_\_\_   Dominant\_\_\_\_   Protective\_\_\_\_   Hyperactive\_\_\_\_   One person Pet\_\_\_\_  
Playful\_\_\_\_   Quiet\_\_\_\_   Finicky\_\_\_\_   Depressed\_\_\_\_   Other \_\_\_\_\_

Any additional information about the cat's personality or habits: \_\_\_\_\_

Additional comments: \_\_\_\_\_