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

_____ YES Contact me for return of the pet 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 48 hours to reclaim the pet after being notified by Southwest Metro Animal Rescue.

_____ 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
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 pet 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? __________________________
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 outdoors? __________________________
12. Does this cat walk on a leash? __________________________
13. Does this cat use the litter box? Yes____ No____ Don’t know______
14. What type of 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? __________________________
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 __________________________
27. What ages are the children the cat has been around? __________________________
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: ________________________________________________________________________________________________
_____________________________________________________________________________________________________________________