

WILLIAMSON COUNTY REGIONAL ANIMAL SHELTER

Owner / Guardian Surrender Form

OWNER / GUARDIAN INFORMATION		
Last Name	First	Date
Street Address		Apartment/Unit #
City	State	ZIP
Phone	Alt. Phone	
E-mail Address		
ANIMAL BASIC INFORMATION		
Name	Animal Type	
Breed	Spayed/Neutered? YES <input type="checkbox"/> NO <input type="checkbox"/>	Gender MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
Age _____ years _____ months	Age Group Baby <input type="checkbox"/> Young <input type="checkbox"/> Adult <input type="checkbox"/> Senior <input type="checkbox"/>	
Color(s)	Distinguishing Marks	
Microchip YES <input type="checkbox"/> NO <input type="checkbox"/>	Declawed? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Where does your animal live? Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>		
How long have you had your animal? _____ years _____ months		
Where did you get your animal?		
Why are you surrendering your pet?		
PROFILE INFORMATION		
What do you like about your animal?		
What do you dislike about your animal?		
Is your animal housetrained? YES <input type="checkbox"/> NO <input type="checkbox"/>	Housetraining Comments:	
Veterinarian:	Illnesses/Injuries/Allergies:	
Medications:	Special Needs:	
Animal enjoys (circle all that apply): Agility Being home alone Car rides Climbing Digging Fetch Hiding Quiet Time Running Toys Tug Walking Unknown Water		Animal is afraid of (circle all that apply): Being left alone Cars on the street Children Loud noises/thunder Men Riding in cars Uniforms Water Women

Training History: Has your dog completed a training class? If so, what level and where? None <input type="checkbox"/> Minimal <input type="checkbox"/> Some <input type="checkbox"/> Fully <input type="checkbox"/> Extensive <input type="checkbox"/>	Specific Known Commands:	
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(Dogs) Off Leash: Would your dog come when called if off the leash? Are there situations in which he wouldn't? Completely Reliable <input type="checkbox"/> Somewhat Reliable <input type="checkbox"/> Not at all Reliable <input type="checkbox"/> Unknown <input type="checkbox"/>	
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Activity Level: Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>	Vocalization Level: Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>
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How would you describe your animal?

Lap Loving Social Butterfly Mellow Curious Active Playful Loner

PERSON INTERACTION

Please choose **only ONE** statement that best describes your animals' attitude toward **people** that he or she lived with. Include any additional comments in the comments section below:

Under 5 years	6-12 years	13-17 years	Adults	Seniors
(Quantity)	(Quantity)	(Quantity)	(Quantity)	(Quantity)
Aggressive Toward	Aggressive Toward	Aggressive Toward	Aggressive Toward	Aggressive Toward
Aggressive w/Food	Aggressive w/Food	Aggressive w/Food	Aggressive w/Food	Aggressive w/Food
Aggressive w/Toys, Treats	Aggressive w/Toys, Treats	Aggressive w/Toys, Treats	Aggressive w/Toys, Treats	Aggressive w/Toys, Treats
Bites / Snaps	Bites / Snaps	Bites / Snaps	Bites / Snaps	Bites / Snaps
Cautious	Cautious	Cautious	Cautious	Cautious
Easygoing	Easygoing	Easygoing	Easygoing	Easygoing
Fearful	Fearful	Fearful	Fearful	Fearful
Friendly	Friendly	Friendly	Friendly	Friendly
No Interaction	No Interaction	No Interaction	No Interaction	No Interaction
Playful	Playful	Playful	Playful	Playful
Rambunctious / Plays Rough	Rambunctious / Plays Rough	Rambunctious / Plays Rough	Rambunctious / Plays Rough	Rambunctious / Plays Rough
Submissive	Submissive	Submissive	Submissive	Submissive
Tolerates	Tolerates	Tolerates	Tolerates	Tolerates

Do you have any additional comments about your pet's interactions with people?

ANIMAL INTERACTION

Please choose **only ONE** statement that best describes your animals' attitude toward **animals** that he or she lived with. Include any additional comments in the comments section below:

Dogs	Cats	Small & Furry	Barnyard	Wildlife
(Quantity)	(Quantity)	(Quantity)	(Quantity)	(Quantity)
Aggressive Toward	Aggressive Toward	Aggressive Toward	Aggressive Toward	Aggressive Toward
Aggressive w/Food	Aggressive w/Food	Aggressive w/Food	Aggressive w/Food	Aggressive w/Food
Aggressive w/Toys, Treats	Aggressive w/Toys, Treats	Aggressive w/Toys, Treats	Aggressive w/Toys, Treats	Aggressive w/Toys, Treats
Bites / Snaps	Bites / Snaps	Bites / Snaps	Bites / Snaps	Bites / Snaps
Cautious	Cautious	Cautious	Cautious	Cautious
Easygoing	Easygoing	Easygoing	Easygoing	Easygoing
Fearful	Fearful	Fearful	Fearful	Fearful
Friendly	Friendly	Friendly	Friendly	Friendly
No Interaction	No Interaction	No Interaction	No Interaction	No Interaction
Playful	Playful	Playful	Playful	Playful
Rambunctious / Plays Rough	Rambunctious / Plays Rough	Rambunctious / Plays Rough	Rambunctious / Plays Rough	Rambunctious / Plays Rough
Submissive	Submissive	Submissive	Submissive	Submissive
Tolerates	Tolerates	Tolerates	Tolerates	Tolerates

Do you have any additional comments about your pet's interactions with other animals?

ANIMAL BITE INCIDENTS

Has your animal bitten a person or another animal? YES NO PERSON ANIMAL

Did the bite break the skin?
YES NO

Was medical/veterinary care required?
YES NO

Date of the bite?

Describe the situation in which the bite occurred:

Upon signing this form, the animal(s) above become the property of Williamson County Regional Animal Shelter. The animal(s) can be placed for adoption, transferred to another agency, or humanely euthanized, depending on the health and/or behavior of the animal, or the shelter environment.

There is a \$25 non-refundable surrender fee. If your pet has a medical or behavior issue, or is elderly, extra effort and/or time is required to treat or place your animal in a home. An additional fee of \$35 is added to defray the expense of treatment, care or euthanasia.

I hereby certify that I am the legal owner of the animal(s) listed above and have not taken this animal from another person without their consent. I hereby release all rights of ownership to Williamson County Regional Animal Shelter.

Signature: _____ Date: _____