



# Humane Society of Angelina County Winnie Berry Pet Adoption Center Owner Surrender

Owner Name: \_\_\_\_\_ (circle) ID# DL# / State \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Animal: **Dog** **Cat** Sex: **Male** **Female** Name of animal: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Why are you surrendering this pet? \_\_\_\_\_

Name and phone number of veterinarian: \_\_\_\_\_

Vaccinations in the past year: \_\_\_\_\_

Veterinarian paper work received? **Yes** **or** **No?**

What kind of health problems has this pet had? \_\_\_\_\_ Medications \_\_\_\_\_

Has this animal been spayed or neutered? **Yes** **or** **No?**

Has this animal ever been bred? **Yes** **or** **No?** How many litters? \_\_\_\_\_

What type of flea control do you use? \_\_\_\_\_ Heartworm medication? \_\_\_\_\_

Date of last dose? \_\_\_\_\_

Is this pet on a special diet? **Yes** **or** **No** What type? \_\_\_\_\_

Does the pet have any behavioral /aggression problems? Has it ever bitten anyone and under what circumstances?  
\_\_\_\_\_

Has it been around children: \_\_\_\_\_ Ages: \_\_\_\_\_

Please describe any conflicts this pet has had with children, if any: \_\_\_\_\_

Has it been around other pets? **Yes** **or** **No** List pets: \_\_\_\_\_

How long have you owned this pet? \_\_\_\_\_

Where did you get this pet? \_\_\_\_\_

How many owners has this pet had? \_\_\_\_\_

How many hours a day was this pet left alone? \_\_\_\_\_

Where did the pet spend most of its time? **Always outside** **Mostly outside** **In garage**

**Outside unless we were home** **In a crate** **In or out at will**

How often does this pet urinate or defecate in the house? (not litterbox) \_\_\_\_\_

How did you confine this pet to your property? \_\_\_\_\_

Fence? What type? \_\_\_\_\_ How high? \_\_\_\_\_ Kennel? What size? \_\_\_\_\_

Chain or tie out? How long? \_\_\_\_\_ Invisible Fence Never outside off leash or unsupervised

**Did not confine, pet would always come home or never left the yard**

What type of obedience training has your pet had? \_\_\_\_\_

What commands does your pet respond to? \_\_\_\_\_

Is this pet overly protective of any of the following? (please give examples)

Food Toys Family members Property Other pets Other: \_\_\_\_\_

Heartworm Check: Date: \_\_\_\_\_ Initial: \_\_\_\_\_ Positive or Negative

FELV/FIV Check: Date: \_\_\_\_\_ Initial: \_\_\_\_\_ Positive or Negative

Signs of illness: \_\_\_\_\_

**I certify that I own the animal described above and hereby surrender all my interest, if any therein, to the Humane Society of Angelina County.**

**I agree to release, discharge, indemnify, and hold harmless the H.S.A.C. including its officers and employees and they will not be obligated to me in any way. H.S.A.C. May dispose of the animal in a way deemed advisable by H.S.A.C.**

Owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

HSAC Staff: \_\_\_\_\_ Date: \_\_\_\_\_