



NIGHT RECEIVING OWNER SURRENDER PET

(* Required information to complete surrender

***PLEASE READ, CHECK AND INITIAL THE APPROPRIATE BOXES BELOW TO COMPLETE SURRENDER:**

_____ I **AM** the owner of this animal.

_____ I **am NOT** the owner, but have received permission from the owner to bring this pet to the Sioux Falls Area Humane Society (SFAHS) **Owner's name:** _____ **Owner's Phone Number:** (____) _____

_____ I **do hereby surrender all interests in the animal(s) listed below to the SFAHS.**

(* Required Information to complete surrender

*Your Legal First and Last Name _____

Address _____ *Phone Number _____

City _____ State _____ Zip code _____

*SIGNATURE: _____ Date: _____

*Pet's Name _____ Age _____ **MALE** OR **FEMALE**

*Why are you surrendering your pet? _____

How long have you owned the pet? _____

BITE HISTORY

*Has your pet ever bitten anyone? **YES** **NO** *Did it break skin when it bit? **YES** **NO** *How long ago?: _____

*Please describe the incident when the bite occurred: _____

MEDICAL

*Has your pet ever had any health concerns or medical issues? **YES** **NO**

*If yes, please describe _____

*Is your pet spayed or neutered? **YES** **NO** Primary Vet Clinic: _____ City/State _____

BEHAVIORAL

Is your pet house trained? **YES** **NO** Is your pet kennel trained? **YES** **NO**

Is your pet: **Indoors Only** **Outdoors Only** **Both** Has your pet ever been around other animals? **YES** **NO**

If so, what species/breeds? _____ How many? _____

How did they get along? _____

Likes, Dislikes, Personality Quirks we should know about your pet _____

PLEASE ATTACH ANY OTHER INFORMATION ABOUT YOUR PET TO HELP US FIND THE BEST HOME FOR THEM.

The Sioux Falls Area Humane Society extends its sympathies as we understand that surrendering a pet is a difficult decision. Thank you for entrusting us with the care and future of your pet.