

Yellowstone Valley Animal Shelter

Surrender/Release Form

Date _____ Time _____ Species: Dog Cat Other _____
 Animal Name _____ Age _____
 Breed _____ Color/Markings _____
 Sex: Male Female Spayed/Neutered: Yes No

SURRENDER HISTORY

We understand there are many reasons for not being able to keep an animal. Please tell us why you have chosen to surrender this pet. This information helps us adopt the pet into the right home.

How long as this animal been in your care? _____ How many homes has the animal had? _____
 Who is the actual owner of the animal? Please give their name and relationship to you _____
 Where did you get the animal? YVAS Other Shelter - Name _____
 Pet Store Newspaper Friend/Relative Breeder Found as a stray
 Born in my home This is not my animal – explain _____
 Other _____

Does your animal have: Tattoo Microchip None Not Sure
 Would you like us to contact you if we decide your pet is not adoptable? Yes No

MEDICAL INFORMATION

Has your animal been to a veterinarian? Yes No Not sure
 Veterinarian _____ Clinic Name _____
 City & State _____ Last Visit? _____
 Is your animal current on vaccinations? Rabies Distemper Bordetella
 Has your pet been hit by a car, injured, or required other surgery? Yes No Not sure
 If yes, please explain _____
 Has your pet been diagnosed with and/or treated for any minor or major medical conditions? Please list and explain. _____

GENERAL PERSONALITY

How would you describe your animal most of the time? (*Check all that apply*)... Independent
 Very active Couch potato Talkative Quiet Playful Solitary Escape artist
 Fearless Fearful Protective Friendly to visitors Shy to visitors Affectionate
 How is your animal with kids? Loves kids: under 5yrs ages 5-12 yrs ages 12-18yrs
 No patience with kids Not sure how the animal does with kids
 Good with men? Yes No Not sure
 Good with women? Yes No Not sure
 Good with **male** dogs? Yes No Not sure
 Good with **female** dogs? Yes No Not sure
 Good with cats? Yes No Not sure Chases Has Killed/Injured
 What brand of food has this animal been eating? _____ Canned Dry
 Where does the animal like to sleep? _____
 What is the animal afraid of? _____

What has your animal been aggressive towards? Please explain _____

Has this animal ever bitten a person? Yes No

Has this animal ever bitten another animal? Yes No

Did it break the skin? Yes No

If yes, Date _____ Who or what animal was it? _____

Please tell us the circumstances surrounding the incident(s): _____

Was animal control involved? Yes No Has this animal received a warning or ticket for animal at large, potentially dangerous or dangerous dog? Yes No

If yes to any, please explain: _____

How many adults live in your home? _____ How many children? _____ Age(s)? _____

Please list the other **animals** living at residence:

Animal Type/Breed	Spayed or Neutered		Gender		Age
	YES	NO	M	F	
	YES	NO	M	F	
	YES	NO	M	F	
	YES	NO	M	F	
	YES	NO	M	F	

DOGS

When the dog plays, does he/she typically (check all that apply)

Jump Jump on you Bark Use Mouth Enjoys Toys Plays Fetch

How is your dog with livestock? Good Worked livestock Chases Killed/Injured Not sure

Has your dog had any obedience training? Yes No Not sure

If your dog has been trained, what kind of training was it? Punishment Positive reinforcement

Food/treat rewards Clicker Leash correction Other _____

Is the dog crate trained? Yes No Not sure

Has the dog ever walked on a leash? Yes No Not sure

What commands does the dog know?

Sit Stay Down Off Heel Come Settle Other _____

Does your dog come when called? Yes No Sometimes

Has the dog been used for hunting? Yes No If yes, what type of hunting? _____

Does the dog jump fences? Yes No If yes, how high? _____ What type of fence? _____

Does the dog dig under fences? Yes No

Is the animal house trained? Yes No Sometimes If somewhat, does he/she...

Lift its leg? Urinate when they're excited? Urinate in their crate?

Have accidents if left too long? Other _____

How does the dog let you know when he/she has to go to the bathroom? _____

Where is the dog kept during the day? _____ At night? _____

How long is the dog alone (without its human) each day? _____

Is this dog allowed on furniture? Yes No

How does the dog react to riding in vehicles? _____

How does your dog usually react when you or another person does the following? (please check boxes)

	Enjoys	Allows	Afraid	Shows teeth/growls	Snaps	Bites	None of these	Never tried
Bathe								
Brush								
Nail Trim								

Does your dog have to be muzzled at the veterinarian? Yes No

CATS

Describe your cat: *(Check all that apply)* Barn Cat Lap Cat Family Cat Inside only
Outdoor only Indoor/Outdoor More like a dog Great Mouser Hunter of birds

Is your cat declawed? Yes No If yes: Front Back All Four Feet

If yes, when was it done? as a kitten as an adult acquired declawed

Is the cat allowed on furniture? Yes No

Does the cat jump on counters? Yes No

Is this cat litter box trained? Yes No Sometimes

What kind of cat litter are you currently using? _____

Has the cat ever urinated outside the litter box? Yes No If yes, please explain _____

Is there anything else a future owner should know about the pet you are surrendering? _____

Surrender Agreement

My Signature certifies that I am the owner of or have the authority to surrender the animal described to YVAS. I hereby relinquish all rights of ownership and any right to information on the disposition of the animal described to YVAS. I also authorize the release of any veterinary records regarding the animal. I certify that to the best of my knowledge, I have disclosed all of the information about the animal concerning health, behavior, history and anything else that may effect the safe placement of the animal in a new home. I agree to pay YVAS a nonrefundable \$20 (twenty dollar) release fee to help provide for the care, feeding and housing for the animal. I understand that if this animal is deemed not adoptable by YVAS, or cannot be transferred to an approved rescue organization, the animal may be humanely euthanized.

Signed _____ Date _____

Printed Name _____ Phone _____

Address _____ City _____ State _____ ZIP _____