



**This form MUST be completed in full!**

Contact Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Animal's Information:

Name of pet: \_\_\_\_\_ Age: \_\_\_\_\_ Type: **Cat** or **Dog** or **Other** \_\_\_\_\_  
Breed: \_\_\_\_\_ **Male** or **Female** Spayed/neutered: **Yes** or **No** Allergies: \_\_\_\_\_  
Description: \_\_\_\_\_  
Was this animal adopted from GHHS? **Yes** or **No** If so, when? \_\_\_\_\_ Under what name? \_\_\_\_\_  
Has this animal bitten anyone within the past 10 days? **Yes** or **No** If so, explain: \_\_\_\_\_

House trained: **Yes** or **No** Good with cats: **Yes** or **No** Good with dogs: **Yes** or **No** Good with kids: **Yes** or **No**  
**Indoor** or **Outdoor** or **Both** **Active** or **Less Active** Digs: **Yes** or **No** Climbs fences: **Yes** or **No**  
**Litter box trained: Yes** or **No** **Declawed: Yes** or **No** **Friendly** or **Aloof** Microchipped: **Yes** or **No**

Veterinarian: \_\_\_\_\_ Current on vaccines: **Yes** or **No** On heartworm preventative: **Yes** or **No**  
Any allergies, health problems, special diet or medicine: \_\_\_\_\_  
Surrender reason: \_\_\_\_\_

If you have multiple animals to surrender, please circle **MULTIPLE** and flip over the page.

**You are making a permanent decision to give up all rights to your pet(s). GHHS urges you to carefully consider all options before surrendering your pet(s). A 24-hour grace period is extended on surrenders. After 24 hours, surrenders are irrevocable. All information presented here is for GHHS use only and will not be shared with any other organization.**

By signing below, I certify that I own the animal(s) described above. I have read, understood, and agree to the above statement and am surrendering all ownership of this animal(s) to the Greater Huntsville Humane Society.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Donation amount: \_\_\_\_\_

## FOR MULTIPLE PET SURRENDERS:

Name of pet: \_\_\_\_\_ Age: \_\_\_\_\_ Type: **Cat** or **Dog** or **Other** \_\_\_\_\_  
Breed: \_\_\_\_\_ **Male** or **Female** Spayed/neutered: **Yes** or **No** Allergies: \_\_\_\_\_  
Description: \_\_\_\_\_  
Was this animal adopted from GHHS? **Yes** or **No** If so, when? \_\_\_\_\_ Under what name? \_\_\_\_\_  
Has this animal bitten anyone within the past 10 days? **Yes** or **No** If so, explain: \_\_\_\_\_  
House trained: **Yes** or **No** Good with cats: **Yes** or **No** Good with dogs: **Yes** or **No** Good with kids: **Yes** or **No**  
**Indoor** or **Outdoor** or **Both** **Active** or **Less Active** Digs: **Yes** or **No** Climbs fences: **Yes** or **No**  
**Litter box trained: Yes** or **No** **Declawed: Yes** or **No** **Friendly** or **Aloof** Microchipped: **Yes** or **No**  
Veterinarian: \_\_\_\_\_ Current on vaccines: **Yes** or **No** On heartworm preventative: **Yes** or **No**  
Any allergies, health problems, special diet or medicine: \_\_\_\_\_  
Surrender reason: \_\_\_\_\_

Name of pet: \_\_\_\_\_ Age: \_\_\_\_\_ Type: **Cat** or **Dog** or **Other** \_\_\_\_\_  
Breed: \_\_\_\_\_ **Male** or **Female** Spayed/neutered: **Yes** or **No** Allergies: \_\_\_\_\_  
Description: \_\_\_\_\_  
Was this animal adopted from GHHS? **Yes** or **No** If so, when? \_\_\_\_\_ Under what name? \_\_\_\_\_  
Has this animal bitten anyone within the past 10 days? **Yes** or **No** If so, explain: \_\_\_\_\_  
House trained: **Yes** or **No** Good with cats: **Yes** or **No** Good with dogs: **Yes** or **No** Good with kids: **Yes** or **No**  
**Indoor** or **Outdoor** or **Both** **Active** or **Less Active** Digs: **Yes** or **No** Climbs fences: **Yes** or **No**  
**Litter box trained: Yes** or **No** **Declawed: Yes** or **No** **Friendly** or **Aloof** Microchipped: **Yes** or **No**  
Veterinarian: \_\_\_\_\_ Current on vaccines: **Yes** or **No** On heartworm preventative: **Yes** or **No**  
Any allergies, health problems, special diet or medicine: \_\_\_\_\_  
Surrender reason: \_\_\_\_\_

Name of pet: \_\_\_\_\_ Age: \_\_\_\_\_ Type: **Cat** or **Dog** or **Other** \_\_\_\_\_  
Breed: \_\_\_\_\_ **Male** or **Female** Spayed/neutered: **Yes** or **No** Allergies: \_\_\_\_\_  
Description: \_\_\_\_\_  
Was this animal adopted from GHHS? **Yes** or **No** If so, when? \_\_\_\_\_ Under what name? \_\_\_\_\_  
Has this animal bitten anyone within the past 10 days? **Yes** or **No** If so, explain: \_\_\_\_\_  
House trained: **Yes** or **No** Good with cats: **Yes** or **No** Good with dogs: **Yes** or **No** Good with kids: **Yes** or **No**  
**Indoor** or **Outdoor** or **Both** **Active** or **Less Active** Digs: **Yes** or **No** Climbs fences: **Yes** or **No**  
**Litter box trained: Yes** or **No** **Declawed: Yes** or **No** **Friendly** or **Aloof** Microchipped: **Yes** or **No**  
Veterinarian: \_\_\_\_\_ Current on vaccines: **Yes** or **No** On heartworm preventative: **Yes** or **No**  
Any allergies, health problems, special diet or medicine: \_\_\_\_\_  
Surrender reason: \_\_\_\_\_