

Surrender Form

Name _____ Email Address _____

Address _____ City _____ State _____ Zip _____

Phone Number s: Home _____ Work _____ Cell _____

Driver's License Number & state _____ Date of Birth _____

Information on Animal (s) being surrendered:

Was this animal adopted from the GHHS? Yes No If yes, when? _____

Has this animal bitten anyone within the past 10 days? Yes No

Dog Information	Cat Information
Name _____ Age _____	Name _____ Age _____
Male Female Spayed/Neutered Yes No	Male Female Spayed/Neutered Yes No
Breed _____	Breed _____
Color _____	Color _____
Indoor ___ Outdoor ___ Both ___	Indoor ___ Outdoor ___ Both ___
Last Heartworm test date: _____	Last FeLV/FIV test date: _____
Current on vaccines: Yes No	Current on vaccines Yes No
On Heartworm prevention: Yes No	On Flea/tick prevention: Yes No
On flea/tick prevention: Yes No	Microchipped: Yes No
Microchipped: Yes No	Litter box trained: Yes No
Housetrained: Yes No	Good with kids: Yes No
Good with kids: Yes No	Good with cats: Yes No
Good with cats: Yes No	Good with dogs: Yes No
Good with dogs: Yes No	Declawed: Yes No

Veterinarian _____

Surrender Reason _____

Any allergies, health problems or medications _____

For litters, please see other side. For pocket pet surrender, see other side.

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 you pet (s).

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

Signature _____ Date _____ Donation \$ _____

Pocket Pet Surrender

Type of animal _____ Age _____ Color _____

Male Female Spayed/Neutered: Yes No

Any allergies, health problems or medications _____

Litter Surrender

Dogs Cats

Name _____ Age _____ Breed _____ Color _____

Male Female Spayed/Neutered Yes No

Current on vaccines: Yes No

Name _____ Age _____ Breed _____ Color _____

Male Female Spayed/Neutered Yes No

Current on vaccines: Yes No

Name _____ Age _____ Breed _____ Color _____

Male Female Spayed/Neutered Yes No

Current on vaccines: Yes No

Name _____ Age _____ Breed _____ Color _____

Male Female Spayed/Neutered Yes No

Current on vaccines: Yes No

Name _____ Age _____ Breed _____ Color _____

Male Female Spayed/Neutered Yes No

Current on vaccines: Yes No

Name _____ Age _____ Breed _____ Color _____

Male Female Spayed/Neutered Yes No

Current on vaccines: Yes No

Name _____ Age _____ Breed _____ Color _____

Male Female Spayed/Neutered Yes No

Current on vaccines: Yes No