



Critter surrender form

We know the decision to give a pet to the shelter is never easy. One of the best things you can do for your pet is give us as much detail as possible on this form so we can find the best possible match for its new forever home.

Shelter's use only

Surrender date: _____

Animal number: _____

Uploaded by: _____

Animal information

Pet's name: _____ ☐ Male ☐ Female ☐ I don't know

☐ Spayed/Neutered ☐ I don't know

Type of pet: _____

Age (a guess is OK): _____

How long did you have the pet? _____

Where did you get your pet? _____

Giving up the pet

Why are you giving your pet up? _____

Why did you choose our shelter? _____

Is there anything we could do to help the pet stay in your home (i.e., training, food, low-cost care)?

Would it be OK for the new owner to contact you with questions? ☐ Yes ☐ No

If yes, what is the best way to contact you? ☐ Phone ☐ Email

Your pet's living situation

How is your pet housed?

☐ Cage/tank/enclosed space inside

☐ Loose in house

☐ Strictly outside

☐ Shares space with a companion

☐ Used to share space with a companion

☐ Always housed alone

Comments: _____

What room in the house does the pet live in? _____

This pet has shared a household with:

☐ Cats

☐ Dogs

☐ Caged birds

☐ Kids 0-10

☐ Kids 11-18

☐ Adults

☐ Other: _____

Comments: _____

My pet eats:

☐ Hay

☐ Pellets

☐ Fruit

☐ Vegetables

☐ Special diet: _____

☐ Other: _____

Commented [JB1]: We might want more specifics for a critter?

Your pet's behavior and personality

Pet's favorite toys? _____

Has this pet ever shown aggression to people? ☐ Yes ☐ No

If yes, explain: _____

Has this pet ever shown aggression to other animals? ☐ Yes ☐ No

If yes, explain: _____

Please check as many of the following boxes that describe your pet's behavior and habits:

- | | | |
|---|---|---|
| <input type="checkbox"/> Likes to be held | <input type="checkbox"/> Stays awake at night | <input type="checkbox"/> Vocal |
| <input type="checkbox"/> Active | <input type="checkbox"/> Dominant | <input type="checkbox"/> Likes to be social |
| <input type="checkbox"/> Sleeps a lot | <input type="checkbox"/> Shy | <input type="checkbox"/> Gentle |
| <input type="checkbox"/> Likes children | <input type="checkbox"/> Bites | <input type="checkbox"/> Chews |
| <input type="checkbox"/> Independent | <input type="checkbox"/> Tries to run away/escape | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Likes to be quiet | |

Your pet's medical information

Has your pet visited a veterinary clinic?

If yes, describe when and why: _____

Name of veterinary clinic: _____

Has your pet been vaccinated in the last year? ☐ Yes ☐ No

Does your pet have any known medical issues? Do you have concerns about your pet's health?

Is there anything else we should know about your pet?
