Date: _____          PetPoint Animal ID#_____

## Pet Surrender Application
Young-Williams Animal Center

**Animal Type:** ☐Dog  ☐Puppy  ☐Cat  ☐Kitten  ☐Rabbit  ☐Other_____

**Pet's Name:** _____  **Age**: _____  **Sex**: ☐Male  ☐Female

**Breed:** _____  **Color:** _____  **Spayed/Neutered?** ☐Yes ☐No

**Why do you need to give up your pet?** _____

**If we could help you with this issue, would you consider keeping your pet?**    ☐Yes  ☐No  ☐Maybe

**Giving your pet to a shelter should be your last option, have you exhausted all options?** ☐Yes ☐No ☐Unsure

**Where did you get your pet from?** ☐Friend/relative  ☐Classified/online ad  ☐Pet Store  ☐Found  ☐Breeder

☐Young-Williams  ☐Other Shelter/Rescue (which one?) _____  ☐Other_____

**Where does your pet spend it's time?** ☐Inside only ☐Inside mostly ☐Outside day/inside night ☐Outside only

*For outside dogs, how is your dog confined?* ☐Fenced yard ☐Invisible fence ☐Chain/runner ☐Cage ☐Other

**What type(s) of animals has your pet lived with, or spent time with?**

Dogs:  ☐Loves!  ☐Likes  ☐Ignores  ☐Doesn't like  ☐Has hurt or killed

Cats:  ☐Loves!  ☐Likes  ☐Ignores  ☐Doesn't like  ☐Has hurt or killed

Other animals_____  ☐Loves!  ☐Likes  ☐Ignores  ☐Doesn't like  ☐Has hurt or killed

**Would you recommend placing your pet in a home with children?**    ☐Yes  ☐No  ☐Older children only
*Why?* _____

**Has your pet ever bitten anyone?** ☐No    ☐Yes, date of last bite that broke skin: _____

*In what circumstances will your pet bite?* _____

**What type of home would your pet do best in?** ☐Very Active    ☐Somewhat active    ☐Calm & quiet

**What is your pet's favorite thing to do?** _____

**Does your pet have any medical issues?** ☐No ☐Yes (describe)_____

**Is your pet housetrained/use the litterbox?** ☐Yes ☐No (please explain)_____
_____

**Please check all that apply to your pet:** ☐Loves kids  ☐Needs lots of exercise  ☐Afraid of loud noises

☐Escapes  ☐Needs training  ☐Can't be left alone  ☐Loves toys  ☐Will bite if food is taken away

☐Scared of strangers  ☐Sleeps a lot  ☐Destroys furniture  ☐Knows tricks/commands_____

**Current on vaccines?** ☐Yes ☐No ☐Unsure  **Approximate date of last vet visit:** _____

**Reason for last vet visit**: _____

**Is there anything else you'd like to tell us, or your pet's adopter?** _____
_____