



## OWNER SURRENDER FORM

Name of Animal \_\_\_\_\_ Age \_\_\_\_ Breed \_\_\_\_\_ Gender M F

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Medical history paperwork available? Yes  No  (If No, please contact vet and have all medical history faxed directly to Paws and Prayers at 330-940-2340)
2. Is this pet spayed or neutered? Yes  No
3. Is this pet up-to-date on all vaccinations? Yes  No  Heartworm Yes  No
4. Is this pet crate trained? Yes  No
5. Is this pet housebroken? Yes  No
6. Current veterinarian information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

7. Month and year of last vet visit: \_\_\_\_\_ Reason: \_\_\_\_\_

8. Any behavioral issues? Yes  No  If yes, please explain:

\_\_\_\_\_

9. Any medical issues? Yes  No  If yes, please explain:

\_\_\_\_\_

10. Is animal microchipped? Yes  No  If yes, name of company, phone, fax #

\_\_\_\_\_

Surrender Fee Paid \$ \_\_\_\_\_ If animal is not fixed - \$75.00 If animal fixed - \$50.00

I understand that if Paws and Prayers has any questions or concerns at any time regarding this animal, they can contact me at the above contact information. I have read, understand, and agree to all the above provisions relating to the surrender of this animal and affix my signature below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

P&P Representative \_\_\_\_\_ Date: \_\_\_\_\_

**\* Paws and Prayers has the option to not accept an animal without medical records.**

**\*\*Office Use Only – If applicable, date Microchip Company contacted and the animal put into Paws and Prayers name: \_\_\_\_\_**