



OWNER SURRENDER REQUEST

PLEASE PRINT CLEARLY

Name			Home Phone ()
Address	City	Zip Code	Cell Phone ()
Mailing Address (if different)	City	Zip Code	Driver's License/ ID Number
Email Address			

ANIMALS

Name	Breed	Color	Age	Sex	Spayed/Neutered	Where Kept
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both

Has your pet bitten someone and broken the skin in the last 10 days? Yes No

How long have you had this animal? < 2 weeks 2-4 weeks 1-6 months 6-12 months >1 year

Where did you get this animal? Previous Owner Friend/Relative Stray Other _____

Why are you surrendering this animal? _____

Can he/she be left alone inside (without incident)? Yes No

Is he/she good with *Children?* Yes No Unknown

Is he/she good with *Dogs?* Yes No Unknown *Cats?* Yes No Unknown

Name of Veterinarian or Veterinary Clinic? _____

Is he/she current on vaccinations? Yes No Visit Date _____

Does he/she have any health problems? Yes No If yes, _____

Does he/she adapt well to new situations/people? Yes No

Does he/she have a special diet? Yes No If yes, _____

Additional comments: _____

____ I am requesting to relinquish the above-described animal(s) to Tulare County Animal Services ("TCAS").

____ I understand that, although TCAS attempts to place every animal possible into homes or rescues, **surrendering my pet could result in my pet being put to sleep (humane euthanasia).**

____ I am aware that completing this form does NOT guarantee that TCAS will be able to take in my animals.

____ I have included a photo and attached a Behavior Profile for the animal(s) I wish to surrender.

I declare that all of the information I have given above is true and complete. I am aware that providing false information or claims of ownership of a dog, cat or other animal may result in action against me pursuant to Food and Agriculture Code §31108.5.

Owner Signature _____

Date _____

OFFICE USE ONLY

KC #	Receipt #	Amount Paid
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