

Arrow's Heart Animal Rescue

Owner Surrender Animal Information

This form is designed to help us place your animal. The information provided will help us to successfully place your pet in a home with a family who understand its shortcomings and achievements. It's important that you fill out this form completely and to the best of your knowledge. Arrow's Heart Animal Rescue does not impose a time limit on animals placed in foster care while awaiting adoption. When surrendering an animal to us you must bring copies of his/her vet records. If vetting is not completed we ask for a donation of \$50.00 to \$100.00 depending on the vet work needed.

Date _____

Pet's Name _____ Species/Breed _____

Weight _____ Age/DOB _____ Color /Markings _____

Male Female Spayed/Neutered? Yes No Do you have vaccination records? Yes No

How long have you owned this animal? _____

Why are you surrendering this animal? _____

Where did you acquire the animal? _____

If another shelter/rescue, please specify _____

May we contact the shelter/rescue? Yes No If No, please tell us why _____

Please list the ages of household member your pet lived with: Men: _____

Women: _____ Children: _____

How did your pet react to visitors to your home:

Adults: _____

Children: _____

How did your pet get along with the dogs in your household?

How did your pet get along with dogs outside of your household?

How did your pet get along with the cats in your household?

This animal is most comfortable with: Women Men Kids Teenagers Seniors

Comments: _____

Does your pet see a veterinarian on a regular basis? _____

If yes, what is the vet's name and phone number? _____

How does your pet react when your veterinarian does the following?:

Examine (including heart and ears) _____

Restrain: _____

Administer shots: _____

Trim nails: _____

Take blood: _____

Does your pet have to be muzzled at the vet? _____

Does your pet have any past or present medical conditions? Yes ~ No ~

If yes, what are they?

Is your pet currently on any medications or special diets? Yes ~ No ~

If yes, what are they?

Is there anything else that we should know about your pet's medical history or behavior at the veterinarian? _____

How many hours of the day is your Pet: Indoors? _____ Outdoors? _____

When your pet is outdoors he/she is kept (circle): On a tie-out On leash Physically fenced yard

Invisible fenced yard Off leash – no fence If other, please specify: _____

How long is your pet left alone, without people?: _____

When left alone does your pet?: Urinate _____ Defecate _____ Destroy household items _____

Comments: _____

When you are home does your pet?: Urinate _____ Defecate _____ Bark _____ Other _____

If other, please specify: _____

How does your pet play with people? _____

When your pet plays does he/she? (circle): Bark Jump Nips Mouths Other: _____

How would you describe the general disposition of your pet?

What toys does your pet like?

What games does your pet like?

Please describe your pet's behavior when approached by unfamiliar children: _____

Please describe your pet's behavior when approached by unfamiliar men: _____

Please describe your pet's behavior when approached by unfamiliar women: _____

Does your pet chase: Dogs _____ Cats _____ Bicyclists _____ Cars _____ Other: _____

If other, please specify: _____

Is your pet frightened of anything? Please specify: _____

How does he/she react?: _____

Please tell us about your pet's "bad habits" (chewing shoes, jumping on counters, jumping on people, etc.) _____

Is your pet allowed on furniture? Yes Some No If some, please specify: _____

Where does your pet sleep at night? _____

Has your pet had any obedience training? Yes No If yes describe: _____

What commands does your pet know? _____

How does your pet behave when you do the following?

Bathe: _____ Trim nails: _____ Brush Coat: _____ Clean ears: _____

Brush Teeth: _____ Wipe feet: _____ Pet: _____ Hug: _____

Are there areas on the pet's body that your it does NOT like to be touched (if yes specify)? _____

If touched on the above places, how does your pet react? _____

How does your pet behave in the car? _____

Has your pet ever bitten another pet? _____

If yes, did the other pet require veterinary care? _____

Please describe the circumstances of the bite: _____

How does your pet play with dogs? _____

How does your pet react when you or another family member:

Pets him/her or touches the food bowl when eating: _____

Pet him/her or touch a chewing bone: _____

Pet him/her or touch a stolen food item: _____

Pet him/her or touch a toy in his/her mouth: _____

Pet him/her while sleeping: _____

Approach him/her while next to another family member: _____

How does your pet react when an unfamiliar person approaches:

A family member: _____

The house: _____

The yard: _____

Has your pet ever bitten a person? Yes ~ No ~ If yes describe: _____

Was medical attention required, if yes describe? _____

Do you take your pet outside to go to the bathroom? Yes ~ No ~

If yes, how many times a day does the animal go out? _____

How does this animal let you know if he/she needs to go outside? _____

Does your pet have accidents in the house? Yes ~ No ~ If yes, how often? _____

If yes, does your pet (circle) Urinate Defecate Both How many hours can your pet "hold it?" _____

Additional comments about this pet's health or behavior that would be helpful (use reverse side if more space is needed): _____

Where was the pet kept when no people are home? _____

Where did the pet sleep at night? _____

Is the pet crate trained? Yes ~ No ~ If yes, how long did the pet spend in the crate each day? _____

How often is this pet exercised (walks or runs)? _____

What type of food does this animal eat? _____ Brand? _____

How often and what amount was this animal fed on a daily basis? _____

What qualities/behaviors did you enjoy most about this animal? _____

Additional comments about this animal that you would like to share with a potential adopter (use other side of sheet as needed) _____

Owner's Name _____

Address _____ City _____ State _____ ZIP _____

Email: _____

Home Phone (_____) _____ Alternate Phone (_____) _____

1) I, the owner of this animal, relinquish all claims and ownership of _____ (name) a _____ (species) _____ (breed) to Arrow's Heart Animal Rescue. I understand that I cannot reclaim the animal once it has been released. Should I decide that I want to adopt the above-described animal before it is placed into another home, I agree to pay the set adoption fee.

2) I agree to provide Arrow's Heart Animal Rescue with medical records pertaining to this animal, including the name of the veterinarian performing the services.

3) I affirm that this animal has not bitten anyone in the last ten days.

4) I release all control of and claim to this animal and declare that the above information is true and correct, to the best of my knowledge.

Signed: _____ Date: _____

AHAR representative receiving animal: _____ Date: _____