



Hawk Creek Animal Shelter

Humane Society of Kandiyohi and Meeker Counties

Surrender Cat/Kitten

Shelter ID: _____ PetPoint ID: _____

Date: _____ Pet's Name: _____

Breed: _____ Color: _____

Estimated Birthdate or Age: _____ Sex: Male Female Microchipped: Yes No

Is the animal spayed/neutered? Yes No

Name of Veterinary Clinic used? _____

Is this animal declawed? Yes No Front Feet All 4 Feet

Reason for surrendering this animal: _____

Any medical or health issues or injuries? Yes No If yes, explain: _____

Does this animal have litterbox issues? Yes No If yes, what issues are presenting as a problem?

Is there any age group or gender of humans the animal doesn't seem to like or be afraid of? Yes No

If so, which group? _____

How does the animal respond to humans he/she doesn't know? _____

How is this animal with dogs? Aggressive Friendly Not sure Playful

How is this animal with other cats? Aggressive Friendly Not sure Playful

Has the animal ever gotten into a fight, killed, or injured another animal? Yes No

Type of animal: _____ Briefly explain the situation (s): _____

Has this animal lived: Indoors Outdoors Both

Has this animal ever run away? Yes No

Has the animal bitten a human or another animal in the last 10 days? Yes No If yes, please briefly explain the situation: _____

Temperament status of this animal: Aggressive Friendly Shy

This animal enjoys: Playing with toys Being brushed

This animal is described as: Cuddly/Affectionate Social Easy going/mellow Active
 Playful Loner

Activity level of this animal: Low Moderate High

Where did you get the animal from (example: friend, breeder, Humane Society/Shelter, etc)? _____

Any other information you would like us to know about this animal that would be helpful for the next owner to know? Yes No If yes, what: _____

Shelter ID: _____

LEGAL OWNER (Please read and initial below):

_____ By signing this document I (owner) give up all rights, titles, and interest to the above animal. The Hawk Creek Animal Shelter tests for certain diseases, does temperament testing and has the final say to the disposition of this animal.

_____ I understand I am not able to call or visit the above animal and no information will be given regarding this animal.

_____ Should I decide that I want this animal back, I will be required to go through the adoption process and pay the fees required for the adoption, even if it is the day after surrendering this pet.

_____ I shall not receive my surrender fee back at any given time.

_____ I give Hawk Creek Animal Shelter permission to contact my veterinarian(s) and obtain any medical records for this pet.

Owners Name: _____

Mailing Address: _____

City: _____ Zip: _____ Phone Number: _____

Owner's Signature: _____

LEGAL REPRESENTATIVE:

The owner of this pet is unable to sign this surrender form and I have the legal authority to surrender this pet.

Representative's Name: _____

Agency: _____

Mailing Address: _____

City: _____ Zip: _____

Representative's Signature: _____

Phone Number: _____

HAWK CREEK ANIMAL SHELTER:

Staff Member: _____ Date: _____

_____ Owner is in nursing home or hospital _____ Police Report

_____ Obituary or death certificate _____ Other

_____ Legal Documentation