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## Small Animal Surrender Form

Animal's Name: \_\_\_\_\_

### **Owner Information:**

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

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

### **General Information**

Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Spayed/ Neutered: \_\_\_\_\_ Colour: \_\_\_\_\_

### **History**

Why are you surrendering your small animal to the NHS? \_\_\_\_\_

How long have you owned this animal? \_\_\_\_\_ Where did you acquire this animal? \_\_\_\_\_

Has your animal ever bitten anyone before? \_\_\_\_\_ If yes, under what circumstances and when? \_\_\_\_\_

### **Medical**

What veterinary clinic does your animal visit? \_\_\_\_\_

Has this animal seen a veterinarian at least once per year? \_\_\_\_\_

Has this animal ever required medical surgery? \_\_\_\_\_

Has this animal ever been diagnosed with a medical concern? \_\_\_\_\_

Is this animal on any medication at this time? \_\_\_\_\_

Is this animal on any supplements at this time? \_\_\_\_\_

### **Dietary Habits**

What brand of food are you currently feeding your small animal? \_\_\_\_\_

Is your small animal offered fruits and vegetables? \_\_\_\_\_ If yes, how often? \_\_\_\_\_

Types of fruit and vegetables offered: \_\_\_\_\_

Is your animal offered hay? \_\_\_\_\_ If yes, how often: \_\_\_\_\_ Type: \_\_\_\_\_

### **Litter Box Habits**

Is this animal litter box trained? \_\_\_\_\_

### **Lifestyle/ Personality**

Does your animal like to be petted? \_\_\_\_\_

Does your animal like to be picked up? \_\_\_\_\_

How often do you brush your animal? \_\_\_\_\_

How often do you trim your animal's nails? \_\_\_\_\_

What was the size of your animal's cage or enclosure? \_\_\_\_\_

How often was your animal provided time out of its cage? \_\_\_\_\_

Where was your animal housed (indoor or outdoor)? \_\_\_\_\_

What are your animal's favourite toys? \_\_\_\_\_

Does your animal thump its feet or growl when someone or other animals come near its cage? \_\_\_\_\_

If this animal has lived with another animal of its kind, how did they interact? \_\_\_\_\_

If this animal has lived with cats, how did they interact? \_\_\_\_\_

If this animal has lived with dogs, how did they interact? \_\_\_\_\_

Has the animal lived with children? \_\_\_\_\_ If yes, what ages? \_\_\_\_\_

How would you describe your animal's personality most of the time? \_\_\_\_\_

Please tell us some things you truly love about this animal!

Are there any quirks or habits you are not fond of in your small animal? (This question helps provide shelter staff with valuable insight into your pet and can help us ensure your pet has a successful adoption. Many quirks or habits are common behaviours natural to a particular species and/or have simple solutions to resolve which we can share with a future adoptive family.) \_\_\_\_\_

Is there anything else that you would like us to know about your cat? (Feel free to use the bottom portion of this page to comment.)

*The Northumberland Humane Society is a charitable community resource, dedicated to protecting and providing temporary shelter and comfort to all animals in need and promoting adoption and rehoming for abused, abandoned, neglected, and unwanted companion animals. It relies solely on donations, bequests, and its own fundraising efforts for its very survival. In order for its doors to remain open the continued support of the community is essential.*

Why do we ask for a surrender fee? Your surrender fee goes towards:

- Providing food and general care
- Veterinary care
- Spaying/Neutering
- Vaccinations, Microchipping, Deworming treatment
- Maintenance of the shelter

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# Release of Medical Information and Veterinary Records

I, \_\_\_\_\_, hereby request that \_\_\_\_\_ release  
*(owner/custodian)* *(veterinarian)*

any information pertaining to \_\_\_\_\_ contained in the veterinary records  
*(name of animal/s)*

at the \_\_\_\_\_ to the Northumberland Humane Society.  
*(clinic name)*

This request and authorization is limited to the above-noted agency. This shall be your good and sufficient authority for doing so.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Name of owner/custodian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Signature

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