



Gardner Animal Control Facility



City of Gardner Massachusetts

SURRENDER FORM

In order for us to find your pet(s) a new lifetime home where he/she/they will be comfortable & happy, it is important you answer all questions honestly, carefully and as completely as possible.

Intake# _____

Pet Profile:

Why do you need to find a new home for your pet? (Please circle all applicable) Can't afford/Moving/Allergies/Behavior Problems (If behavior problems please explain what they are) _____

If other reason(s) not listed above please explain: _____

Pet's Name: _____ **Pet's Age:** _____ **Species:** Feline / Canine/ Other _____

Breed: _____ **Description:** _____

Gender: Male/ Female **Spayed/ Neutered:** YES/ NO

Has your pet bitten or scratched anyone in the past 10 days? **Yes/ No**

If yes, please list name, address & phone# of the party involved: _____

Is your pet up to date on Rabies Vaccine? **YES/NO** (copy of Rabies certificate is required)

Who is your current Veterinarian? _____

Has your pet had any other vaccinations that we should know about? _____

How long has this pet lived with you? _____ How many homes has this pet had before yours? _____

Where did you acquire this pet? _____

Pet's Lifestyle:

Where does your pet spend most of the day? Whole house/ Crate/ Basement/ Outdoor Kennel/ Chained in yard/ Garage/ Fenced yard/ Roaming at will

How much time does your pet spend outside? _____ Inside? _____

Where did your pet stay when no one was home? _____

How many hours did they spend unsupervised at a time? _____



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Where are they used to sleeping?

In person's room/ In persons bed/ In persons room in a crate/ In persons room on a dog/cat bed/ Doghouse outside/ Garage/ Fenced in yard/ Tied in yard/ Outdoor Kennel/ Other (please explain) _____

Has your pet repeatedly escaped from your yard? **Yes/ No If yes, how? (please explain)** _____

Is your yard fenced in? yes / no, if no, how is your dog confined when let out in the yard? Tether? Electrical fence? Other?

House Training:

Is your pet housetrained/ litter trained? **Yes/ No**

If no, has your pet been to a veterinarian to rule out medical condition? _____

How does your pet ask to go outside? _____

Does Your pet have accidents in the house? **YES/NO If yes please explain** _____

Health:

When do you feed your pet? A.M./ P.M./ Free feed

What brand of food and treats does your pet prefer? _____

Does your pet have any food aggression issues? **YES/NO** If yes please explain _____

Does your pet like being bathed? **Yes/ No**

Does your pet mind having their nails trimmed? **Yes/ No**

How does your pet act at the vet? _____

Does your pet have any past or current health issues that we should know about? **YES/NO**

If Yes please explain so we can make sure your pet gets the proper care for their specific situation _____

Training:

Does your pet know his/her name? **YES/ NO**

How frequently does he/ she come when called? 0% 25% 50% 75% 100%

Does your pet know how to: Sit/Stay/Come /down/Shake/ Other _____?

Does your pet know any tricks? _____

Does your pet like to ride in the car? **Yes/No**



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Social Skills:

What types of people has your pet lived with? Adult men/ Adult women/ Seniors/ children (ages) _____

How would you describe your pet's behavior around children? _____

Is your household? Quiet/ Some activity/ Very Busy / Other _____

Is your pet frightened of anything? Men/Women/ Fireworks/ Trucks/ People in Uniform/ Strangers/ Water/ Thunder/ Hands/
Feet/ Brooms/ Other _____

What other animals has your pet lived with? _____

What types of animals does your pet **NOT** get along with? _____

When on leash does your pet lunge at any of the following?

Dogs **Yes/ No** *If yes, is it to play? **Yes/ No** People **Yes/ No** *If yes, is it to play? **Yes/ No** Cars **Yes/ No**

Do you feel that your pet is over protective? **Yes/ No** If yes, of which of the following People/ Food/ Toys/ Bed/ Other
(please explain) _____

Additional General Information:

Is there anything else that you would like the staff or potential adopters to know about your pet?

Favorite games? Toys? Best Qualities? Been around farm animals?

Would you like to be notified when your pet has been adopted? **Yes/ No**



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I, _____, the owner of the above-described animal (s), do hereby surrender

(PLEASE PRINT FULL NAME)

him/ her/ them to the City of Gardner Animal Control Facility located at 899 West Broadway in Gardner, MA 01440.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____

E-Mail address: _____

Signature: _____ Date: _____

This animal was brought to the facility by: **The owner/ Animal Control Officer/ Other** _____

This facility charges a surrender fee to help cover the costs of the care and medical attention of the above pet (s) while at the Gardner Animal Control Facility.

SURRENDER FEE: DOGS \$40.00 CATS \$30.00

Amount received: \$ _____ Received by: _____