



Pet Surrender Form

Visit: 457437 8th Concession, Municipality of Meaford
Mail: P.O. Box 442, Owen Sound, ON., N4K 5P7
Phone: 519-372-1911 Email: gb-animalshelter@hotmail.com

I am surrendering: Cat Dog Pet Name: _____

Sex: Male Female Neutered/Spayed: Yes No Last Heat: _____

Date of birth/age: _____ Weight _____ Height _____

Breed: _____ Colour/markings: _____

Reason for surrender: _____

Are vaccinations up-to-date? Yes No

Is the pet microchipped? Yes No Details: _____ Tattoo: _____

Activity level: Very active Active Average Low activity

Temperament: Very good Good Average Difficult

Good with: Adults Children Cats Dogs

House trained: Yes No Litter trained: Yes No Crate trained: Yes No

Likes _____

Dislikes: _____

Type of food currently used: _____ Time of feeding: _____

Has your pet bitten anyone during the last 10 days? Yes No Initial: _____

Name: _____ Date: _____
Mailing Address: _____
Postal Code: _____
Phone: _____ Email: _____

Pet surrender donation: \$ _____ Receipt # _____

I declare that I am the legal owner of the pet named on this form and I relinquish all rights to the identified pet and give permission for the Grey Bruce Animal Shelter (GBAS) to place the pet in a home considered suitable by GBAS.

Owner's signature: _____ GBAS representative signature: _____



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Medical History Release Form

I give GBAS permission to contact my veterinary clinic to access my pet's medical records.

Vet's name: _____ Phone #: _____

Signature: _____ Print name: _____

Date: _____