



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 Known health issues? _____ Initial: _____

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

Activity level? Very Active Average Low

Temperament? Excellent Good Average Difficult

Good with? Adults Children Cats Dogs Other: _____

House trained? Yes No Litter trained? Yes No Crate trained? Yes No

Separation Issues? Yes No Good in Car? Yes No

Likes: _____

Dislikes/Fears: _____

Type of food currently used: _____ Time & Number of feedings: _____

Has your pet bitten anyone? Yes No Circumstances? _____ Initial: _____

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

Pet surrender Fee: \$ _____ Add 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 #: _____

Owner Signature: _____ Print name: _____

Date: _____