



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

Grey Bruce Animal Shelter Requires photo ID before any surrender can be finalized.

I am surrendering: Dog Cat 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

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: _____



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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 Initial: _____

I understand that surrendering my pet to the Grey Bruce Animal Shelter (GBAS) is a permanent decision and I will not be getting my pet back at a further time.

Owner's Initial: _____ GBAS representative initial: _____

Owner's signature: _____

GBAS representative signature: _____

Date: _____

Medical History Release Form

I give Grey Bruce Animal Shelter permission to contact my veterinary clinic to access my pet's medical records.

Vet's Name/Vet Clinic: _____

Phone Number: _____

Owner's Signature: _____ Print Name: _____

Date: _____