

# PET INTAKE FORM

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date \_\_\_\_\_ Personnel Intake Name \_\_\_\_\_

Pet's Name \_\_\_\_\_ Feline Canine Pocket Pet Breed \_\_\_\_\_  
Color \_\_\_\_\_ Age / D.O.B \_\_\_\_\_ Sex \_\_\_\_\_ Fixed \_\_\_\_\_  
Microchip \_\_\_\_\_ Up to date on vaccines? YES NO (Attach vaccine records)  
Vet Name: \_\_\_\_\_ Vet Phone Number: \_\_\_\_\_

Why are you surrendering your pet? \_\_\_\_\_

Where did you acquire your pet? \_\_\_\_\_ How long have you had your pet? \_\_\_\_\_

Is your animal current on Heart-worm / Flea Prevention  YES  NO When last given \_\_\_\_\_

Does your pet have any current or past health conditions or injuries? If so-list below and attach medical records.  
\_\_\_\_\_

Who does your pet get along with? MEN WOMEN CHILDREN (ages) \_\_\_\_\_ DOGS CATS

Has your pet ever shown signs of aggression? YES NO

If yes, was it provoked? Please explain \_\_\_\_\_

Does your pet live Indoors, Outdoors or both \_\_\_\_\_ What type of food does your pet eat? \_\_\_\_\_

Any destructive habits? YES NO If yes, explain \_\_\_\_\_ Is

your pet house broken / Litter trained? YES NO Obedience training YES NO

Please tell us about your pet and any special characteristic personality traits, or special needs:  
\_\_\_\_\_

## STATEMENT OF SURRENDER

*Additional Space on back if needed*

I certify that I do \_\_\_ / do not \_\_\_ own the animal described above and hereby surrender all interest to the Gulf Coast Humane Society. My interest in this animal has now been voided and I will not be given any information on the welfare or disposition of this animal. Initials \_\_\_\_\_

There is no minimum set time for holding this animal. The holding time depends on the animal's health, behavior and adoptability. It is also agreed that neither said society nor its management and employees shall incur any obligation to me on the disposition of the above listed animal. I certify that this animal has not bitten another animal or human within the last 10 days.

I have read and understand that I have surrendered my rights and interest towards this animal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I would like to make a donation in the amount of \$ \_\_\_\_\_ to the Gulf Coast Humane Society to assist in the care of the animals in need.

Signature \_\_\_\_\_ Date \_\_\_\_\_



2010 Arcadia Street, Fort Myers, Florida 33916  
Office: (239) 332-0364 Fax: (239) 332-8676