CHATHAM COULT	Chatham County Animal Services Owner Surrender Form				
PANAAL SERVICES	7211 Sallie Mood Drive, Savannah, Ga 31406				
	Phone 912.652.6575 Fax 912.201.4399				
Date:					
Animal Name:	Cat or Dog Age:				
Breed:	Sex: Male or Female Spayed/ Neutered: Yes No				
Has your pet bit or scratched a person in the last ten (10) days? Yes No					
If yes what date?	Who (name):				
Where (what city/ state):					

SURRENDER HISTORY

Why are you surrendering your pet? Provide as much detail as possible; it helps us better care for your pet.

If we can help you resolve your issues with your pet, would you be interested in keeping the animal? \Box Yes \Box No
What would you need?
How long have you owned the animal?
How many homes has the animal had?
Where did you get the animal?
Does your animal have: Tattoo Microchip None Not Sure?

Medical Information

Has your animal been to a veterinarian? \Box Yes \Box No \Box Not Sure

Veterinarian's	name	and	address	(city/	state)_
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Is your pet current on rabies vaccinations?

Yes

No

No

Not
Sure

Has your pet been on heartworm prevention? If so what kind?

Has your pet been injured or required any surgery?
Yes No

If yes, please explain

Has your pet be diagnosed with and/or treated for any of the following: (Check ALL that apply)

Allergies	□Asthma	Epilepsy/seizures	Heartworms	s 🗌 Parvo
Diabetes	Cancer	Upper Respiratory	Infection	□Thyroid Disease
□Organ failur	e 🛛 🗆 Urin	ary Tract Infection		🗆 Bloat
□Arthritis	□Man	nge 🛛 🗆 Heart Murm	ur	
🗆 Other (pleas	se detail)			

General Personality

How would you describe your animal most of the time? (Check ALL that apply)

 Very Active
 Couch Potato
 Talkative
 Quiet
 Playful
 Friendly to family

 Escape artist
 Shy to family
 Friendly Visitors
 Shy to Visitors
 Affectionate

 Fearful
 Independent
 Fearless
 A clown
 Aloof
 Withdrawn

 Solitary

Good with kids
Under 5 years
5-12 years
12-18 years
No patience
Not sure

Good with men?
Yes No Not Sure Good with women?
Yes No Not sure

Good with cats?
Yes No Not Sure Good with dogs?
Yes No Not Sure

What is your animal's favorite toy?

What brand of food has your animal been eating? _____(Canned/ Dry)

Where does your animal like to sleep? _____(Crate/Pet Bed)

Is there anything else a future owner should know about your pet?

Surrender Agreement

I certify the following:

- I am the owner of the animal described to Chatham County Animal Services below. _____(initial) OR
- I have the authority to surrender the animal described to Chatham County Animal Services below. _____ (initial) AND
- □ I hereby relinquish all rights of the ownership and any right to information on the disposition of the animal described to Chatham County Animal Service. _____(initial)
- □ I also authorize the release of any veterinary records regarding the animal. _____(initial)
- □ I certify that to the best of my knowledge I have disclosed all of the information about the animal concerning health, behavior, history and anything else that may affect the safe placement of the animal in a new home. _____(initial)
- □ The surrender of this animal becomes final 48 hours after signing this document. If I elect to reclaim this animal before the end of this 48 hour period, I agree to reimburse CCAS for its expense of caring for the animal and any expenses associated with preparing and holding the animal for adoption. _____(initial)

I am aware of my respective legal rights and have sought all counsel I require to make this decision. I have given due consideration to the surrender of this animal and I clearly understand and assent to all the provisions herein. I also understand that this animal is hereby surrendered to CCAS and that there may be circumstances that may result in this animal being euthanized.

Signed			
Date	Printed Name		
Address			
City	State	Zip	
CCAS Agent (as witness)	Date	