



# Small Critter Surrender Request

**\*\*PLEASE PRINT CLEARLY\*\***

Date of Request \_\_\_\_\_

**OWNER'S INFORMATION**

1.) Owner's name: \_\_\_\_\_

2.) Owner's address: \_\_\_\_\_

3.) Owner's email: \_\_\_\_\_

4.) Owner's phone: \_\_\_\_\_ **Is texting OK?**  Yes\*  No  
*By checking YES above, you agree to receive recurring messages from Humane Society of Sedona; Reply STOP to opt out; Reply HELP for help; Message frequency varies; Message and data rates may apply; Carriers are not liable for delayed or undelivered messages*

5.) Are you a Sedona resident?

Yes

No- have you reached out to your local shelter?

Yes- Name of shelter you reached out to: \_\_\_\_\_

No

6.) What have you done so far to re-home your pet on your own? *Check all that apply:*

Facebook  Flyers  Friends  Family  Co-workers  HSS Courtesy Post Request

Adopt-A-Pet.com Profile  NextDoor  Home-to-Home Profile

Other: \_\_\_\_\_  None of the above

**SMALL CRITTER'S INFORMATION**

1.) Pet's Name: \_\_\_\_\_

2.) Age: \_\_\_\_\_

3.) Sex  Male  Female  Unknown

4.) Species: \_\_\_\_\_

5.) Why are you surrendering your pet? \_\_\_\_\_

If we could help you resolve this issue would you be interested in keeping your cat?  Yes  No

6.) How long has your pet lived with you? \_\_\_\_\_

7.) Spayed/neutered?  Yes  No  Unknown

8.) Microchipped?  Yes  No  Unknown

9.) Part of a bonded pair?  Yes- Name of pet bonded with: \_\_\_\_\_  No

10.) Current Picture- **Please check which of these you have completed (Required):**

A printed photo or picture

An emailed picture to *info@humanesocietyofsedona.org*

## Waste Management Habits

### 1.) Does your pet use a litter box?

Yes- did they use it with success? Yes No Sometimes

➤ If NO or SOMETIMES:

- ▶ How often does the cat make mistakes? \_\_\_\_\_
- ▶ Please describe the accidents: Urinating outside the box
  - Urinates on clothing/furniture Poop outside the box
  - Sprays on walls/furniture  All of the above Other \_\_\_\_\_
- ▶ If litter box accidents were an issue, when did they begin?
  - Past month Past year Ongoing N/A
- ▶ Can you pinpoint any changes in your household event(s) that might have influenced or triggered inappropriate litter box use? *Please describe:* \_\_\_\_\_
- ▶ Please describe what measures you have taken to correct this problem \_\_\_\_\_
- ▶ Has your cat been examined by a veterinarian to rule out physical problems? Yes- What was the outcome? \_\_\_\_\_ No

No- Where did your pet go potty? \_\_\_\_\_

**\*\*Skip to Medical if 'No'\*\***

### 2.) How often was the litter box scooped?

Every day  Every few days  Weekly  Rarely

### 3.) What type(s) of litter was used? Unscented Scented Clumping

Non-Clumping  Crystals  Clay  Pine  Newspaper  Other \_\_\_\_\_

### 4.) What type of litter box was used? Covered Uncovered Self-Cleaning

### 5.) How many litter boxes are in your home? \_\_\_\_\_

### 6.) Where are the litter boxes located? \_\_\_\_\_

## Medical History

### 1.) Has your pet had any of these vaccinations? *Check all that apply*

Rabies: Date given: \_\_\_\_\_ Where? \_\_\_\_\_

Other: \_\_\_\_\_ Date given: \_\_\_\_\_ Where? \_\_\_\_\_

### 2.) Name of your pet's veterinarian: \_\_\_\_\_

### 3.) Phone number of your pet's veterinarian: \_\_\_\_\_

### 4.) When did your pet last see a veterinarian? \_\_\_\_\_

### 5.) Does your pet have any old injuries or health problems?

Yes- Describe: \_\_\_\_\_

- No  
 Not sure

**6.) Has your pet been diagnosed with and/or treated for any of the following? Check all that apply:**  Allergies  Tumors  Upper Respiratory Infection  Heart murmur  Epilepsy or seizure  Organ Failure  Thyroid disease  Urinary tract infection  Diabetes  Other \_\_\_\_\_  None of the above

**7.) Does your pet need any medication or special diet?**

- Yes- Please list: \_\_\_\_\_  
 No

**8.) Vaccination & Vet Records-** Please check which of these you have completed:

- Printed copies of Vaccination Records  
 Printed copies of Vet Records  
 Emailed Vaccination Records to [info@humanesocietyofsedona.org](mailto:info@humanesocietyofsedona.org)  
 Emailed Vet Records to [info@humanesocietyofsedona.org](mailto:info@humanesocietyofsedona.org)

### Dietary Habits

**1.) What type of food is your pet fed?**  Dry only  Canned only  
 Both Dry and Canned  Other: \_\_\_\_\_

**2.) Brand of food used to:** \_\_\_\_\_

**3.) Is there any type of food your pet will not eat?**

- Yes- Describe: \_\_\_\_\_  
 No  
 Not sure

### Personality

**1.) How would you describe your pet most of the time? Check all that apply:**

- Very active  Friendly to family  Aloof  A clown  Couch potato  
 Shy to family  Shy to visitors  Playful  Talkative  Affectionate  
 Independent  Friendly to visitors  Quiet  Lap cat  More like a dog  
 Withdrawn  Playful  Fearful  Fearless  Solitary

**2.) Has your pet ever bitten anyone?**

- Yes- please complete the items below:  
▶ Did it break skin?  Yes  No  
▶ Date: \_\_\_\_\_  
▶ Please describe: \_\_\_\_\_  
 No

**3.) Does your cat use a scratching post?**  Yes  No  Don't have one

4.) Where does your pet like to be petted? \_\_\_\_\_

5.) Where does your pet dislike to be petted? \_\_\_\_\_

6.) Is your pet frightened of anything? Check all that apply:     Men     Children  
 Thunder    Fireworks    Vacuums    Feet    Hands    Dogs  
 Other: \_\_\_\_\_

7.) How does your pet like to play? Check all that apply:

- |   |  |
|---|--|
| <input type="radio"/> Plays gently, does not usually use teeth or claws | <input type="radio"/> Likes to play hide and seek      |
| <input type="radio"/> Likes to chase & pounce with a variety of toys    | <input type="radio"/> Likes to play with other cats    |
| <input type="radio"/> Likes to play rough, may bite or scratch          | <input type="radio"/> Not much interest in play        |
| <input type="radio"/> Likes things that crackle, such as paper bags     | <input type="radio"/> Likes to play with other pets    |
| <input type="radio"/> Will fetch items such as bottle caps or toys      | <input type="radio"/> Chases bugs or moths             |
| <input type="radio"/> Likes to play in or around water                  | <input type="radio"/> Likes to learn tricks for treats |
| <input type="radio"/> Other _____                                       |  |

8.) Does your pet have any favorite toys or activities?

- Yes- Describe: \_\_\_\_\_
- No
- Not sure

## Lifestyle and Home Life

1.) What ages of people lived with your cpe? Check all that apply:

- Adult Men
- Adult Women
- Seniors
- Older Children (8+ years old)- Please list ages: \_\_\_\_\_
- Young Children (7 years and under)- Please list ages: \_\_\_\_\_
- ▶ How did your pet interact with the young children (under age 7)?
- |  |   |
|--|---|
| <input type="checkbox"/> Cat actively avoided child  | <input type="checkbox"/> Child could pet the cat        |
| <input type="checkbox"/> Cat & child played together | <input type="checkbox"/> Cat hissed or growled at child |
| <input type="checkbox"/> Ignored each other          | <input type="checkbox"/> Mutual adoration               |

2.) How would you describe your pet's behavior around children in general?

- Friendly    Playful    Tolerant    Afraid    Shy    Aggressive    Unknown

3.) Is your pet most comfortable with- Check all that apply:

- Women    Men    Kids    Teenagers    Seniors    Loves all people

4.) How does your pet react to visitors? \_\_\_\_\_

5.) Are there other animals in your home?

Yes- *Check all that apply:*

○Cats- How did they interact? *Check all that apply:*

- Adored each other     Slept near each other     Ignored each other  
 Rough with each other     Played together     Fought without injuries  
 Peacefully coexisted     Gentle with each other     Sniffed noses  
 Groomed each other     Fought with injuries     Caused this cat stress  
 Other: \_\_\_\_\_

○Dogs- How did they interact? *Check all that apply:*

- Groomed each other     Cat rubbed on dog     Played with each other  
 Peacefully coexisted     Ignored each other     Sniffed noses  
 Fought without injuries     Dog chased cat     Cat tormented dog  
 Cat feared dog     Fought with injuries     Caused this cat stress  
 Other: \_\_\_\_\_

○Birds

○Other: \_\_\_\_\_

**6.) Has your pet lived with or around any other animals?**

- Yes- Please list: \_\_\_\_\_  
 No

**7.) How would you describe your household?**  Active     Noisy     Quiet     Average

**8.) What areas of your home did your pet have access to?** *Check all that apply:*

- Inside Only     Inside with access to outside     Outside Only  
 Inside at night     Garage or Basement     In barn or shed     Screened porch  
 Indoors in cold weather     Outdoors in warm weather     Other: \_\_\_\_\_

**9.) Does your pet do any of the following?** *Check all that apply:*

- Jump on counters/tables     Scratch furniture     Chew plants  
 Climb curtains     Chew personal items     Scratch doors/cabinets  
 Other: \_\_\_\_\_

**10.) Were any of the above behaviors an issue?**

- Yes- Which ones and how did you attempt to correct: \_\_\_\_\_  
 \_\_\_\_\_  
 No

**11.) Is your pet accustomed to any of these?** *Check all that apply:*

- Bathing     Nail trimming     Ear Cleaning     Brushing/Combing

**12.) Please list any additional information you would like to add here:**

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<p><b>ACKNOWLEDGEMENT &amp; AGREEMENT</b></p>
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By signing below, I acknowledge, understand and agree to the following: 1.) **I am the legal owner of this animal.** 2.) The placement of an individual animal for adoption is based on an evaluation of his or her health and temperament. 3.) HSS cannot guarantee the rehoming of my pet and that once an animal is placed up for adoption at the Humane Society of Sedona, there is no time limit in which he or she can remain up for adoption. 4.) The surrender fees are \$75 per adult critter and \$20 per juvenile critter. 5.) The disposition of my animal is left entirely to the discretion of the HSS and will in no way hold the HSS responsible for the final disposition of the animal upon surrender. 6.) I relinquish the right to obtain any information about this animal as well as any claims to this animal upon surrender.

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*Signature of person completing this form*

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*Date*

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*Printed name of above person*