



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: ☐ Urinates 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
☐ Emailed Vet Records to 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 pet 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 ☐ Pet rubbed on dog ☐ Played with each other
☐ Peacefully coexisted ☐ Ignored each other ☐ Sniffed noses
☐ Fought without injuries ☐ Dog chased cat ☐ Pet tormented dog
☐ Pet feared dog ☐ Fought with injuries ☐ Caused this pet 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:

ACKNOWLEDGEMENT & AGREEMENT

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 \$40 per 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.

Signature of person completing this form

Date

Printed name of above person