



## Pet Surrender Application

This application will gather all the information we need, and a future adopter might need, about your pet. Your honest answers are helpful to the people considering your pet for adoption and help us decide what kind of home would be best for them.

We will also determine if your pet is a good candidate for our adoption program. Please be honest when answering these questions! We will not refuse an animal if we feel that we can help, but we need to ensure we have the finances and ability to give your pet the care he/she needs and we will not place an animal for adoption that is ill or a danger to the community.

After submitting your completed application, please allow up to (3) days to receive a reply via e-mail regarding what help we can offer!

**Name of Owner(s) \***

First Name      Last Name

**Animal's Name: \***

**Sex: \***

Male

Female

Unsure

**Age of Pet: \***

**Species: \***

**Breed of Pet: \***

**Is this pet on monthly FLEA prevention? If yes, what brand? \***

**Date of last FLEA prevention given:**

**Is this pet on monthly HEARTWORM prevention? If yes, what brand? \***

**Date of last HEARTWORM prevention given:**

**Address \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Email**

example@example.com

**Phone Number \***

Please enter a valid phone number.

**Was pet adopted from FOCCAS? \***

Yes

No

Unsure

**If no, please list the name, address, and telephone number of the person/place you obtained the pet: \***

**How long have you owned this pet? \***

**Tell us why you are unable to keep your pet (check all that apply): \***

- |                                     |                     |                                     |
|-------------------------------------|---------------------|-------------------------------------|
| Home Foreclosure                    | Allergic            | Claws/Destroys Furniture            |
| Won't Use Litter Box                | Bites               | Health of Pet                       |
| Divorce/Relationship Issues         | Chases Animals      | Cost/Financial                      |
| Escapes                             | Destructive         | Soils In House                      |
| Litter Box Odor                     | Too Young           | Killed/Hurt An Animal               |
| Moving                              | Pet Is Sick/Injured | Not Good w/ Kids                    |
| Health of Owner                     | New Baby            | No Time                             |
| Owner Died                          | Not Friendly        | Cannot Provide Care For Pet         |
| Landlord                            | Play Bites          | Doesn't Get Along With Other Pets   |
| Too Playful / Energetic             | Pregnant Owner      | Possessive/Territorial              |
| Sheds Too Much                      | Other*              | Owner Is In Hospital / Nursing Home |
| Can't Find Housing That Allows Pets |                     |                                     |

**\*If other, please provide further details:**

**When is the latest date the pet needs to enter the rescue by? \*Please keep in mind that rescues often operate off a wait-list due to the high volume of surrender forms received. \***

## Medical Information

**Name, address, and phone number of the vet/clinic who last treated your pet? \***

**Address or Location of Vet:**

**First and last name of owner on records:**

**Is this pet spayed/neutered? \***

- Yes
- No
- Unsure

**Is this pet microchipped? \***

- Yes
- No
- Unsure

**How does your pet react to being at the vet's office? \***

- |                             |                |                  |
|-----------------------------|----------------|------------------|
| Fine/Normal                 | Needs A Muzzle | Needs A Sedative |
| Reacts Poorly To Other Pets | Aggressive     | Unknown          |
| Shy/Fearful                 |                |                  |

**How does your pet react to being bathed/groomed or having nails trimmed? \***

- |              |                |                  |
|--------------|----------------|------------------|
| Fine/Normal  | Needs A Muzzle | Needs A Sedative |
| Whines/Cries | Aggressive     | Unknown          |

**Is your pet up to date on their yearly vaccinations? (Rabies, DAPPv, Bordetella, etc.) \***

- Yes
- No
- Unsure

**Date of pet's most recent vaccines:**

Date(s) of vaccination

**Has your pet been tested for heartworm test (dogs) or FIV/FelV test (cats) in the last year? If yes, when and what were the results?**

**Has your pet had a fecal exam for parasites done in the past year? If yes, when and what were the**

results?

**If pet is a cat, is it declawed? \***

- Yes, Front & Back
- Yes, Front Only
- No
- Unknown

**Does your pet have any health problems/concerns? \***

- Yes
- No
- Unsure

**If yes, please describe health conditions and list all required medications:**

**Feeding Instructions - Brand of food? Canned, dry, or mixture? How much/how often is pet fed? Any food allergies? Please include any special feeding instructions you wish to share with the new owner.**

## Pet Personality Profile

**Check all options that best describe your pet: \***

- |                 |              |              |            |
|-----------------|--------------|--------------|------------|
| Active          | Affectionate | Couch Potato | Aggressive |
| Active At Night | Nervous      | Escapes      | Fearful    |
| Chews Objects   | Loner        | Behaved      | Dominant   |
| Docile          | Friendly     | Play Bites   | Gentle     |

High Energy

High Strung

Hyper

Relaxed

**Please check the options that best describe how your pet reacts to people:**

Men

Women

Strangers

Children

Likes

Tolerates

Avoids/Nervous

Hisses/Growls

Bites/Snaps

Unknown

**Please check all that apply. My pet gets along well with: \***

Dogs

Cats

Small Pets (Rabbits, Guinea Pigs, etc.)

None of the above

Unknown

**Please check the options that best describe how your pet reacts to other animals:**

Familiar Dog

Familiar Cat

Strange Dog

Strange Cat

Small Animals

Wildlife

Likes

Avoids

Hisses/Growls

Swats/Snaps

Bites/Attacks

Chases

Plays

Unknown

**Check all that apply. Currently, your pet lives with: \***

- |                     |                      |                     |
|---------------------|----------------------|---------------------|
| One Dog             | One Cat              | Other Types of Pets |
| Multiple Dogs       | Multiple Cats        | No Other Pets       |
| Children 0-6yrs old | Children 7-12yrs old | Children 13yrs+     |

**Is your pet housebroken? \***

- |         |                 |        |
|---------|-----------------|--------|
| Yes     | No              | Partly |
| Unknown | Uses Potty Pads |        |

**If partly, describe how often and where accidents occur:**

**Has your pet bitten anyone before? If yes, who did the pet bite and how long ago did the incident(s) take place? \***

**Please describe the severity of the bite(s): \***

- |         |            |                          |
|---------|------------|--------------------------|
| Nip     | Broke Skin | Needed Medical Attention |
| Surface | Deep       | Pet has not bitten       |

**In your opinion, what triggered the bite(s)?**

**Does your pet have any behavioral problems (unrelated to biting)? If yes, please describe: \***

**Where is your pet kept while you are home? \***

- |                |                   |               |
|----------------|-------------------|---------------|
| Bathroom       | Free Run of House | Separate Room |
| Screened Patio | Garage            | Outside       |
| Kennel         | Laundry Room      | Other/Unknown |

**Where is your pet kept when he/she is home alone? \***

Bathroom

Free Run of House

Separate Room

**Where does the pet sleep at night? \***

Free Run of House

In Other Room

Outside

Pet Bed In My Room

My Bed

Kennel

Other/Unknown

**If/when pet goes outside, it is: \***

Supervised

Confined Screen Porch

Walked On Leash

Unsupervised

Fenced In Yard

Pet Does Not Go Outside

Play Pen

Tie Out / Tethered

Other/Unknown

**How many hours a day is your pet typically left alone? \***

Never

1-2

3-5

6-7

8 or more

Overnight

Unknown

**Please describe how pet reacts to being left alone. Are they noisy, destructive, calm, nervous, etc.? \***

**How does your pet react to riding in the car? \***

Likes It

Fine

Gets Sick/Eliminates

Nervous

Needs To Be In Carrier

Needs To Be Tethered

Unknown

**Has your pet ever escaped before? \***

Never

Occasionally

Frequently

Always

Unknown

**Please describe pet's usual method(s) of escape: \***

Pet Does Not Escape

Darts Out Door

Jumps/Climbs Fence

Opens Doors

Bolts On Leash

Paws Out Screen

Digs Out of Yard

Unknown

**Is pet allowed on furniture? \***

With Permission

Yes, Freely



No  
Unknown

**Is pet crate trained? \***

Yes  
No  
Partly  
Unknown

**Describe any training? Tricks?**

**Things your pet likes?**

**Things your pet dislikes or is afraid of?**

**Anything special, unusual, or endearing you could share about your pet that might help their new owner?**

**Are you willing or able to help cover the cost of caring for your pet until he/she is adopted? \***

Yes  No

**If yes, how much would you like your donation to be for?**

**Today's Date: \***



Month Day Year

**Submit**

Save an email form to foccas.rescue@gmail.com you may also fax to 931-456-5790