



**Norris Ark Training & Recovery Center**  
**Animal Surrender Form**

**Contact Information:**

Address: PO Box 2865, Norris, MT 59745-2865

Phone: (406) 946-2825

Email: [imsuperspy@yahoo.com](mailto:imsuperspy@yahoo.com)

Website: [NorrisArk.org](http://NorrisArk.org)

Thank you for choosing NATARC to care for this animal. Please complete all applicable sections of this form to help us provide the best care possible. All information provided will remain confidential and used solely for the welfare of the animal.

**Section 1: General Information**

Date of Surrender: \_\_\_\_\_

Name of person surrendering animals: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Type of Animal:

Dog  Cat  Other (Specify): \_\_\_\_\_

Animal's Name (if known): \_\_\_\_\_

Species/Breed (if known): \_\_\_\_\_

Age (approximate): \_\_\_\_\_

Sex:  Male  Female  Unknown

Spayed/Neutered:  Yes  No  Unknown

Color/Markings: \_\_\_\_\_

Microchip Number (if known): \_\_\_\_\_

## **Section 2: Stray Animal Information**

Complete this section if the animal is a stray or was found.

Date Found: \_\_\_\_\_

Location Found (be as specific as possible, e.g., street address, landmark):

Condition When Found (e.g., injured, malnourished, friendly):

Was the animal wearing a collar, tags, or harness?  Yes  No

If yes, describe: \_\_\_\_\_

Did you attempt to locate the owner?  Yes  No

If yes, describe efforts (e.g., posted on social media, contacted local shelters):

## **Additional Notes About Stray Animal:**

## **Section 3: Owner Surrender Information**

Complete this section if you are the owner surrendering the animal.

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Reason for Surrender (check all that apply):

Moving  Financial Hardship  Behavioral Issues  Health Issues (Owner)

Health Issues (Animal)  Allergies  New Baby  Other (Specify):

\_\_\_\_\_

How long have you owned this animal? \_\_\_\_\_

Where did you acquire this animal? (e.g., breeder, shelter, stray)

Is there a co-owner or other party with claim to this animal?  Yes  No

If yes, provide name and contact information: \_\_\_\_\_

By signing below, I certify that I am the legal owner of this animal and have the authority to surrender it to NATARC. I understand that once surrendered, the animal becomes the property of NATARC, and I relinquish all rights to the animal.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Section 4: Animal Behavior**

Please provide information about the animal's behavior to help us ensure proper care and placement.

Known Behavior (check all that apply):

Friendly with people  Shy/Timid  Aggressive (Specify triggers):  
\_\_\_\_\_

Good with other dogs  Not good with other dogs  Unknown with dogs

Good with cats  Not good with cats  Unknown with cats

Good with children  Not good with children  Unknown with children

House-trained  Not house-trained  Partially house-trained

Crate-trained  Not crate-trained  Unknown

Leash-trained  Not leash-trained  Unknown

Excessive barking/meowing  Destructive chewing/scratching  Separation anxiety

Escapes (e.g., jumps fences, digs)  Food aggression  Other (Specify):  
\_\_\_\_\_

Describe the animal's typical behavior and personality (e.g., playful, calm, nervous):

Known Triggers or Fears (e.g., loud noises, strangers, vacuum cleaners):

Favorite Activities or Toys:

### **Section 5: Animal History**

Please provide details about the animal's background.

Where has the animal primarily lived? (e.g., indoors, outdoors, both)

Diet (brand and type of food, feeding schedule):

Known Allergies or Sensitivities:

Current or Past Medical Conditions:

Is the animal on any medications?  Yes  No

If yes, list medications, dosage, and frequency:

Behavioral or Training History (e.g., obedience classes, professional training):

Additional History Notes (e.g., previous homes, traumatic events):

### **Section 6: Veterinary Information**

Please provide details about the animal's veterinary care.

Veterinarian/Clinic Name: \_\_\_\_\_

Veterinarian Phone Number: \_\_\_\_\_

Veterinarian Address: \_\_\_\_\_

Date of Last Veterinary Visit: \_\_\_\_\_

Vaccinations (check all that apply and provide dates if known):

Rabies (Date): \_\_\_\_\_

Distemper/Parvo (Dogs) or FVRCP (Cats) (Date): \_\_\_\_\_

Bordetella (Dogs) (Date): \_\_\_\_\_

Feline Leukemia (Cats) (Date): \_\_\_\_\_

Other (Specify): \_\_\_\_\_

Flea/Tick/Heartworm Prevention:  Yes  No

If yes, product and last dose date: \_\_\_\_\_

Known Medical Procedures (e.g., spay/neuter, dental cleaning, surgeries):

Are veterinary records available?  Yes  No

If yes, how can NATARC obtain them? \_\_\_\_\_

### **Section 7: Additional Information**

Is there anything else we should know about this animal to ensure their well-being?

Would you like to be contacted regarding the animal's placement or adoption?  Yes  No

If yes, preferred contact method:  Phone  Email

### **Submission Instructions**

Please return this completed form to NATARC via:

Email: [imsuperspy@yahoo.com](mailto:imsuperspy@yahoo.com)

Mail: PO Box 2865, Norris, MT 59745-2865

Phone: (406) 946-2825 for assistance or to schedule an appointment

### **NATARC Staff Use Only:**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Animal ID: \_\_\_\_\_ Intake Notes: \_\_\_\_\_