** Small Mammal Surrender Forms**

**84 East Ridge Road**

**Sheridan, WY 82801**

**Phone:(307)674-7694**

**Fax:(307)672-6409**

**Email:** [**dogncat@fiberpipe.net**](mailto:dogncat@fiberpipe.net)

**Website:** [**www.dogandcatshelter.org**](http://www.dogandcatshelter.org/)

Small Mammal Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St: \_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Surrender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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* *My Signature gives permission for my veterinarian to release all records pertaining to the pet named above to the Dog and Cat Shelter of Sheridan Wyoming*

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* *I am the owner/Authorized custodian of the above mentioned animal. I unconditionally relinquish all rights of ownership in this animal.*

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* *I am not the owner of the above Described animal, I relinquish custody of and all claims to the Animal to the Dog and Cat Shelter.*

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* *To the best of my Knowledge the above described animal has not bitten any person in the last 10 days.*

*I accept responsibility for the accuracy of the above. Though we are considered a NO KILL shelter surrendered Animals may be euthanized for dangerous aggression or a terminal illness.*

*My Signature gives permission to my veterinarian to release all records pertaining to the pet named above to the Dog and Cat Shelter of Sheridan Wyoming.*

*I understand that I have* ***3 BUSINESS DAYS*** *to retrieve the surrendered cat before the shelter takes ownership.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature Date*

Small Mammal Information Form

Please answer the following questions pertaining to the cat you are surrendering. This information will be extremely helpful to us so that we may place it in a suitable home. By giving the new/prospective owners an overall history of this animal, the transition to its new home will be less stressful. When completing this form, please include all behaviors of the animal, even those that are negative.

Small Mammal’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Small Mammal’s age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB (if known):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male / Female Neutered Or Spayed? Y / N

Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purebred? \_\_\_\_\_\_ Mix?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you had this small mammal? \_\_\_\_\_\_\_\_\_

How did you acquire the small mammal?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the small mammal an only pet? \_\_\_\_ other animals in home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is the small mammal tolerant of?

Children? Y / N / Don’t Know Strangers? Y / N / Don’t Know

Other Small Mammals? Y / N / Don’t Know Dogs/Cats? Y / N / Don’t Know

Being Held? Y / N / Don’t Know Being Groomed? Y / N / Don’t Know

Ears Cleaned? Y / N / Don’t Know Bath? Y / N / Don’t Know

Did the small mammal live indoors, outdoors, or both? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle any behaviors the small animal has exhibited: Sprays Growls Scratches Bites

Has the small mammal ever been aggressive? Y / N Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Ever bitten anyone? Y/N Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is there anything else you want us to know? (Likes, fears, medical, food, behavior, etc.)

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Staff Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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