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Small Mammal Surrender Forms

Small Mammal Name:					
Owner Name (Print):	E-ma	E-mail			
Address:	St:	Zip:			
Day Phone:	Evening Pho	ne:			
Reason for Surrender:					
Veterinarian:	Phone:				
I am the owner/Authorize all rights of ownership in I am not the owner of the Animal to the Dog and Care	this animal. e above Described animal, I relinqui at Shelter.	ing Ind animal. I unconditionally relinquish ish custody of and all claims to the			
☑ To the best of my Knowled days.	edge the above described animal has	s not bitten any person in the last 10			
surrendered Animals n My Signature gives permission to to th	e accuracy of the above. Though we may be euthanized for dangerous agg o my veterinarian to release all reco he Dog and Cat Shelter of Sheridan USINESS DAYS to retrieve the surre ownership.	gression or a terminal illness. rds pertaining to the pet named above Wyoming.			
 Signature					

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 Ne	eutered Or Spayed?	Y/N		
Breed:		Purebred?	Mix?	
Color:				
How long have you had this small r	all mammal? nammal?			
Was the small mammal an only		nimals in home:		
Is the small mammal tolerant of Children? Y/N/Don't Kı Other Small Mammals? Y/N Being Held? Y/N/Don't Kı Ears Cleaned? Y/N/Don't Kı	now / Don't Know now	Dogs/Cats? Being Groomed?	Y/N/Don't Know Y/N/Don't Know Y/N/Don't Know Y/N/Don't Know	now
Did the small mammal live indo	ors, outdoors, or bo	oth?		
Please circle any behaviors the s	small animal has ex	hibited: Sp	rays Growls Bites	Scratches
Has the small mammal ever bee	n aggressive? Y/N	N Explain:		
Ever bitten anyone? Y/N Expl	ain:			
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Is there anything else you want us to know? (Likes, fears, medical, food, behavior, etc.)

Staff Comments:			