



Animal Care Services

4710 State Highway 151
San Antonio, TX 78227
210.207.4PET www.saacs.net



Owner Surrender Form

BASIC INFORMATION		Today's Date:
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PERSON ID #:	ANIMAL ID #:	How long have you had this pet?
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Was this pet previously adopted from a rescue/shelter: <input type="checkbox"/> Y <input type="checkbox"/> N Shelter Name:	Are you the owner? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who are you surrendering this pet for and why?
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Is the pet microchipped? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, is the microchip registered to you?	<p>By signing below, I am certifying that I am the legal owner of the pet I am turning in.</p> <p>SIGNATURE: _____</p>
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Please detail why you are surrendering this pet:	<p>By signing below, I understand that I am relinquishing ALL ownership rights to the described pet to the City of San Antonio Animal Care Services. The pet described on this form COULD BE:</p> <ul style="list-style-type: none"> Placed up for adoption or foster Transferred to another shelter or animal welfare group Humanely euthanized <p>SIGNATURE: _____</p>
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What resources do you need in order to keep your pet in your home? (ex: food, behavior training, fence repair, sterilization surgery)	<p>To the best of my knowledge, the pet described above:</p> <p>_____ HAS bitten someone during the past ten (10) days.</p> <p>_____ HAS NOT bitten someone during the past ten (10) days.</p> <p>SIGNATURE: _____</p>
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PET PROFILE

Pet Name:	Pet Age:	Pet Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other
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Pet Breed:	Color:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Pet Condition: <input type="checkbox"/> Healthy <input type="checkbox"/> Treatable-Manageable <input type="checkbox"/> Treatable-Rehabilitatable <input type="checkbox"/> Unhealthy-Untreatable

Identifying Markers:	Collar:	Tag:	Microchip #:
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Does the pet have any known medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	Where is the pet primarily located? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors
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Please tell us as much as possible about the pets known behavioral history:			
<input type="checkbox"/> House-Trained	<input type="checkbox"/> Gets along with cats	<input type="checkbox"/> Escape Artist	<input type="checkbox"/> Enjoys socializing with people
<input type="checkbox"/> Friendly with young children	<input type="checkbox"/> Gets along with dogs	<input type="checkbox"/> Litter-Box Trained	

EVERY PET IMPOUNDMENT MUST BE COMPLETED ON A SEPARATE FORM.