Animal Network – Owner Assist and/or Surrender Form

I,	, release to and give custody to the Anim	nal Network the following described animal
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(Name of Owner or Age	nt)
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Primary Telephone Email Address								Alternate Telephone				
Address						City			State Zip			
Name	Dog Cat	Age	M/F	Spay Neuter	Vac Cur	cines rent	Chip	Breed/S	ize	Col	lor	J
Reason for surrende	ring or a	nssis <u>tan</u>	ce?									
Known Health/Beha	vioral Is	sues: _										
Is there anything else	e a futur	e owne	r should	l know abo	out you	ır pet?		Please	e comj	plete	other side of this	fori
Name & Telephone o	of your v	eterina	rian:									
This agreement is an or boarding unless a boarding. Should ow	n agreer	nent wi	th owne	er has been	given	below	on an al	lotted tim	e fran	ne fo	or assistance wit	
Surrender Agreemer Animal Network. I h animal described. I a best of my knowledg and anything else tha hold harmless the Au of or in consequence	ereby ro also auth e I have at may e nimal No	elinqish lorize tl disclos ffect th etwork,	all righ he releas ed all of e safe p its volu	ts of owne se of any v the inform lacement o nteers, age	rship a eterina nation of the a ents ar	and an ary rec about nimal d resp	y right to cords reg the anin in a new presentat	o informat arding the nal concer home. I a ives from a	ion o e anin ning l lso ag any a	n the nal. 1 healt gree 1 nd al	e disposition of t I certify that to th, behavior, his to indemnify an Il liability arisin	the the tory d

Owner/Agent Signature:	Date:
Animal Network Rep:	Date:
Animal Network Notes:	



Animal Network (702) 582-7534 AnimalNetwork.LV@gmail.com www.petfinder.com/shelters/NV163.html



Does your animal have: □ Tattoo □ Microchip □ None □ Not Sure – Microchip #

How long have you owned the animal?

How many homes has the animal had?

Where did you get the animal? \Box Lied \Box Another Shelter \Box Pet Store \Box Newspaper/Craigslist \Box Breeder \Box Friend/Relative \Box Found as a stray \Box Born in my home \Box Other

Has your pet been diagnosed with and/or treated for any of the following: (Check all that apply)

- □ Allergies □ Asthma □ Epilepsy/seizures □ Urinary tract infection □ Diabetes □ Cancer □ Arthritis □ Mange
- □ Upper respiratory infection □ Thyroid disease □ Organ failure □ Parvo □ Tumors □ Bloat □ Heart Murmur Other (please detail)

GENERAL PERSONALITY

How would you describe your animal most of the time? (Check all that apply)							
□ Very active □ Couch potato □ Talkative □ Quiet □ Playful □ Friendly to family □ Shy to family □ Friendly to visitors □ Shy to visitors □ Affectionate □ Fearful □ Fearless □ A clown □ Aloof □ Withdrawn □ Solitary □ Outdoor Only Ani	□ Escape artist						
□ Shy to family □ Friendly to visitors □ Shy to visitors □ Affectionate □ Fearful □ Independent □ Fearless □ A clown □ Aloof □ Withdrawn □ Solitary □ Outdoor Only Animal							
Trailess I A clowin I Aloon I withdrawn I Sontary I Outdoor Only Annual							
Loves kids under 5yrs 5-12 yrs 12-18yrs No patience with kids Not sure how he is with kids Good with men? Yes No Not sure Yes No Not sure							
Good with cats? \Box Yes \Box No \Box Not sureGood with dogs? \Box Yes \Box No \Box Not sureWhat is the animal's favorite toy?							
What is the animal's favorite toy?							
What brand of food has he been eating?							
Where does he like to sleep?							
What, if anything, is he afraid of?							
What, if anything has your animal been aggressive towards?							
DOGS							
Has he had any obedience training? \Box Yes \Box No \Box Not sure							
Is he crate trained? \Box Yes \Box No \Box Not sure							
What commands does the dog know? \Box Sit \Box Stay \Box Down \Box Off \Box Heel \Box Come \Box Other							
Does he dig under fences? \Box Yes \Box No							
Does he come when called? \Box Yes \Box No							
Has he been used for hunting? □Yes □No							
Does he jump fences? \Box Yes \Box No – If yes, how high?							
Is he house trained \square Yes \square No \square Some what							
If somewhat does he							
\Box have accidents if left too long? \Box cannot be trusted alone?							
\Box other							
How does he let you know when he/she has to go to the bathroom?							
Where is he kept during the day? At night?							
Has he ever bitten a person? \Box Yes \Box NoIf yes, did it break the skin? \Box Yes \Box No							
Was animal control involved? \Box Yes \Box NoIf yes to any, please explain in detail to our rep							
CATS							
\square Barn Cat \square Lap Cat \square Loves to be inside only \square Loves to go out sometimes \square Outdoor of	anly						
\Box More like a dog \Box Great Mouser \Box Will hunt birds when outside	Jiiry						

Is your cat declawed? \Box Front \Box Back \Box All Four Feet

If yes, when was it done?	□ as a kitten	□ as an adult	acquired declawed	
Is he litter box trained?	\Box Yes \Box No What	t type of litter is	he used to?	

Is he litter box trained? \Box Yes \Box No What type of litter is he used	d t
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Has he ever urinated outside the litter box?	\Box Yes \Box No; If yes, please explain
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