

# Owner Surrender Intake Interview Form

Interviewer: \_\_\_\_\_

APPOINTMENT DATE: \_\_\_/\_\_\_/\_\_\_\_\_ TIME: \_\_\_:\_\_\_\_\_ AM/PM

## Before coming to your appointment, please consider the following:

- If you adopted your pet from a rescue, please reach out to that rescue. Most reputable rescues will accept adopted pets back into their rescue to rehome.
- The intake counselor may be able to assist you in finding a solution for the reason that you feel the need to surrender your pet. Counseling can be provided over the phone or e-mail before making the final decision to surrender your pet.

## During your appointment:

- We do require that the animal's owner sign over custody of the pet to PCHS at time of surrender. You must be over the age of 18.
- The appointment will take approximately 30 minutes for a single pet. We will also allocate time to address any questions or concerns you might have. Appointments may take more time than approximated should the pet need additional time while completing the medical exam.
- If you are surrendering a feline or puppy, please alert a front desk staff member that you have arrived for your appointment to allow an intake staff member to assess the health of the animal before entering the building.

## Please bring the following to your appointment:

- A valid form of ID of the owner with a photo (e.g., driver's license) We will make a photocopy.
- Medical records for your pet
- Any current medications for your pet
- Additional items that you would like to leave with them such as special food, toys, crates

## What Happens Next?

While at our shelter, all animals receive necessary veterinary care, nourishment, exercise. There is no set time limit for how long an animal can remain in our adoption program. As long as an animal maintains general good health and sound temperament, we will keep a pet as long as we have the space available. Unfortunately, there are times when there is no space and animals will be transferred to another local shelter, however, our goal is to find adopters for all our animals.



**PIKE COUNTY HUMANE SOCIETY**

189 Lee Rd  
Shohola, PA 18458  
570-296-7654

**ANIMAL SURRENDER BY OWNER**

DATE \_\_\_\_\_

OWNER NAME \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DOG \_\_\_\_\_ CAT \_\_\_\_\_ OTHER \_\_\_\_\_

AGE \_\_\_\_\_ SPAYED/NEUTERED? \_\_\_\_\_ UP TO DATE ON VAX? \_\_\_\_\_ (PLEASE PROVIDE PROOF)

MICROCHIPPED? \_\_\_\_\_ If yes, microchip number: \_\_\_\_\_

ANIMAL(S) NAME \_\_\_\_\_

ANIMAL(S) DESCRIPTION \_\_\_\_\_

REASON FOR SURRENDER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby surrender the above-described animal to the Pike County Humane Society to be placed for adoption to a new home. By signing below, I am affirming that I am the legal owner of said animal, or an agent of legal owner authorized to make decisions on behalf of legal owner. If Pike County Humane Society is unable to find a home for said animal, I understand it may be necessary to transfer said animal to another rescue organization. I also understand if above-described animal is beyond humane medical care, it may be necessary to euthanize. To the best of my knowledge, said animal has not bitten anyone in the past 10 days. By signing this surrender contract, I understand I am relinquishing all rights to the above-described animal.**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SURRENDER DONATION \$ \_\_\_\_\_

(OFFICE ONLY) CASH: \_\_\_\_\_ CHECK # \_\_\_\_\_ CREDIT CARD \_\_\_\_\_

**General Information**

Owner's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Pet's Name \_\_\_\_\_  Cat  Dog  Other:

Sex  Female  Male **Spayed/ Neutered**  Yes  No

Breed \_\_\_\_\_ Color \_\_\_\_\_ Pattern \_\_\_\_\_

Does your pet have a microchip?  Yes  No Location the chip was implanted \_\_\_\_\_

Microchip Number \_\_\_\_\_ Microchip Company \_\_\_\_\_

If your pet has more than one chip or a tattoo, please note the relevant details: \_\_\_\_\_

Does your pet have any distinguishing marks or features? \_\_\_\_\_

Does your pet have any allergies, health problems or injuries?  Yes  No

*If yes, please describe:* \_\_\_\_\_

Does your pet have any special needs?

Blind  Deaf  Injured  Sick  Heartworms  Has Seizures  Pregnant  Bottle Fed

Other (explain): \_\_\_\_\_

Is your pet on any medications?  Yes  No

*If yes, please describe:* \_\_\_\_\_

How long have you had your pet? \_\_\_\_\_ Where did you acquire your pet? \_\_\_\_\_

Are you obligated to return your pet to the person/organization you received him or her from?  Yes  No

Veterinarian \_\_\_\_\_

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

Name of the person that the records are under \_\_\_\_\_

**What issues are you having with keeping your pet?**

Behavior (jumping, barking, destructive, not house trained etc.)

Cannot Afford (food, veterinary care, training, boarding etc.)

Change in family (divorce, new baby, homeless etc.)

Pet illness  Moving  Housing  Health of owner  Allergies  Neglect

**Please explain the situation in greater detail:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How can we help you with the issues that you are having with your pet?

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If we could help you re-home your pet, would you consider housing your pet until a new home is found allowing them to stay in a familiar environment with their family, while they await their new family?  YES  NO

If yes, what is the maximum time you can house your pet during this search? \_\_\_\_\_

### Personality Profile

What is your pet's personality like? (Check all that apply):

- |  |                                       |                                   |  |
|--|---------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Likes to cuddle                             | <input type="checkbox"/> Couch Potato | <input type="checkbox"/> Active   | <input type="checkbox"/> Hyper         |
| <input type="checkbox"/> Affectionate                                | <input type="checkbox"/> Destructive  | <input type="checkbox"/> Shy      | <input type="checkbox"/> Loves to Play |
| <input type="checkbox"/> Independent                                 | <input type="checkbox"/> Fearful      | <input type="checkbox"/> Friendly |  |
| <input type="checkbox"/> Makes noises a lot (i.e., barking, meowing) |                                       |                                   |  |

Where does your pet sleep? \_\_\_\_\_

What does your pet eat? (Check all that apply):

- Canned food     Dry food     Homemade diet     Raw diet     Prescription  
 Other (please explain): \_\_\_\_\_

What is your pet's favorite treats? \_\_\_\_\_

### Home Environment and Behavior

Describe your pet's behavior around children (Check all that apply):

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Never been around children    | <input type="checkbox"/> Unpredictable   | <input type="checkbox"/> Rough                  | <input type="checkbox"/> Resource guarding |
| <input type="checkbox"/> Gentle                        | <input type="checkbox"/> Bossy           | <input type="checkbox"/> Too rough for children | <input type="checkbox"/> Avoids Children   |
| <input type="checkbox"/> Friendly/Playful              | <input type="checkbox"/> Ignores         | <input type="checkbox"/> Watches over children  | <input type="checkbox"/> Too active        |
| <input type="checkbox"/> Nervous/Scared                | <input type="checkbox"/> Snappy at times |   |  |
| <input type="checkbox"/> Other (please explain): _____ |  |   |  |

What human family members has your pet lived with? (Check all that apply):

- Adult Men     Adult Women     Senior Citizens     Teenagers     Children (what ages): \_\_\_\_\_

Please check all the animals your pet has lived with (Check all that apply):

- Male Dog     Female Dog     Male Cat     Female Cat     Birds  
 Rabbits/Guinea Pigs     Reptiles     Other (what kind): \_\_\_\_\_

**Describe your pet's behavior around dogs (Check all that apply):**

- Never been around dogs
- Ignores
- Rough
- Protective of home
- Other (please explain): \_\_\_\_\_
- Scared
- Bossy
- Submissive
- Protective when out
- Friendly/Playful
- Respectful
- Aggressive
- Resource guarding
- Loves to Play
- Affectionate

**Describe your pet's behavior around cats (Check all that apply):**

- Never been around cats
- Ignores
- Rough
- Other (please explain): \_\_\_\_\_
- Scared
- Bossy
- Submissive
- Friendly/Playful
- Aggressive
- Affectionate
- Loves to Play

**Where was your pet kept when no human members of your family were home (Check all that apply):**

- Free run of home
- Crated
- Yard
- Confined to one room
- Tied outside on chain/runner
- Other (please explain): \_\_\_\_\_

**Does your pet have accidents in the house often?**  Yes  No  Sometimes

**If yes, how long is your dog left alone?** \_\_\_\_\_

**Has your pet ever bitten a person?**  Yes  No

**If yes, what date was the incident:** \_\_\_\_\_

**Please explain the circumstances:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has your pet ever bitten another animal?**  Yes  No

**If yes, what date was the incident:** \_\_\_\_\_

**Please explain the circumstances:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is your pet frightened of anything? (Check all that apply):**

- Men
- Teenagers
- Women
- Strangers
- Cars
- Fireworks
- Thunder/ Lightning
- Bikes/Skateboards
- Yelling/Loud noises
- Vacuum
- Children
- Vet/Groomer
- Other (please specify): \_\_\_\_\_

**What do you like most about your pet?**

\_\_\_\_\_  
\_\_\_\_\_

**Does your pet have any quirks or habits that you are fond of?**

\_\_\_\_\_  
\_\_\_\_\_

**Additional Dog Information**

Is your dog crate trained?  Yes  No

If yes, how long each day? \_\_\_\_\_

What method of housetraining does your dog know? (Check all that apply):

- Paper trained/wee wee pads       Doggy door       Crate trained       Bells on/by door  
 Other (please explain): \_\_\_\_\_

Has your dog had any behavior training?  Yes  No

If yes, what type of training has your dog had? (Check all that apply):

- Puppy Class     Home Training     Obedience classes     Private Training

What behavior or tricks does your dog know? (Check all that apply):

- Walks well on leash       Doesn't jump on people       Comes when called       Sit  
 Stay       Down       Shake/Paw       Fetch  
 Rollover       Other (please specify): \_\_\_\_\_

What type of exercise does your dog receive on a regular basis? (Check all that apply):

- Leash walks     Hiking     Running/Jogging     Plays fetch     Dog Park     Play in yard  
 Plays with other dogs     No exercise  
 Other (please describe): \_\_\_\_\_

What is your dog's favorite toy? (Check all that apply):

- Ball     Frisbee     Stuffed     Squeaky     All toys     None  
 Other (please specify): \_\_\_\_\_

How does your dog react when someone does the following? (Check all that apply):							
	Friendly	Isn't Bothered	Afraid	Barks	Growls	Bites	Unknown
Touches food bowl while eating							
Takes bone, rawhide, or treat							
Takes toy or other object away							
Pushes/pulls dog off furniture							
Gives dog a bath							
Trim dogs nails or touch dogs feet							
Brushes dogs coat							
Holds or restrains dog							
Unfamiliar approaches your house							
Unfamiliar approaches you							
Disturbs while sleeping or resting							
Pick up the dog							

## Additional Cat Information

Is your cat declawed?  Yes  No

Does your cat use a litter box?  Yes  No  Sometimes

If sometimes, how often does the cat make mistakes? \_\_\_\_\_

How many litter boxes does the cat have access to? \_\_\_\_\_

What type of litter did this cat use? (Check all that apply):

Clumping  Clay  Sand-like  Scented  Unscented

What type of litter box did this cat use? (Check all that apply):

Covered  Uncovered  Other (please specify): \_\_\_\_\_

What is your cat's favorite toy? (Check all that apply):

Stuffed mice  Catnip Toys  Laser pointer  Feather/String wands  All toys  None

Other (please specify): \_\_\_\_\_

Does your cat have any of the following behavioral issues? (Check all that apply):

Scratching furniture  Spraying  Escaping outside  Swatting aggressively

Jumping on counters  Chewing electric cords  Climbing curtains  Chewing plants

Other (please specify): \_\_\_\_\_

How does your cat like to play? (Check all that apply):

Plays gently, does not usually use teeth or claws  Likes to play in or around water

Likes to play rough, may bite or scratch  Likes to learn tricks for treats

Likes to chase & pounce with variety of toys  Likes to play with other cats

Likes things that crackle, such as paper bags  Likes to play with dogs

Likes to play hide & seek  Not interested in play

Will fetch items like bottle caps or toys  Chases bugs or moths

Other (please specify): \_\_\_\_\_

What areas of your home did the cat have access to? (Check all that apply):

Outdoors only  Indoors at night  Basement  Outdoors in warm weather  Screened in porch

Indoors only  Garage  Indoors in cold  Indoors with access to outside  Barn or shed

Where did your cat spend most of his or her time? (Check all that apply):

Bedroom  Kitchen  Livingroom  Barn or shed  With people  Garage

Basement  At the window  Outdoors only

Other (please specify): \_\_\_\_\_