



Animal Surrender Form

11878 PA 85, Kittanning, PA 16201 724-548-4520 | www.orphansofthestorm-pa.org

Humane Police Officer O'Donnell, phone 724-954-9515, email HumaneOfficerAC@gmail.com

This form will find your animal a new home. **PLEASE BE HONEST** to help us place your animal with people who understand its shortcomings, achievements and help to avoid the animal being returned to the shelter.

Please feel free to continue any of your answers on the back.

1. Type of animal: _____ Breed: _____

Sex: _____ Color: _____ Age: _____

2. Where did you obtain the animal? _____

3. Why are you giving up the animal? _____

4. Is the animal an inside or outside animal? _____

5. Is the animal afraid of anything? _____

6. Has the animal been with other animals? _____ What kind? _____

7. Is the animal good with children? ____ If yes, what are ages of children animal has been around? _____

8. Has the animal shown any aggressive/nasty tendencies? If yes, please explain: _____

9. When was the animal's last veterinarian visit/ veterinarian's name? _____

I authorize the release of all medical records on this animal to OOTS. _____ (initial)

10. Is the animal current on vaccinations and wormings? _____

11. Does the animal have any known health problems? If yes, please explain _____

12. Is the animal spayed or neutered? _____ If yes, do you have the certificate? _____

13. What do you feed the animal? _____ How much? _____ How often? _____

I, the undersigned, certify that I hereby surrender all my interest of the above animal (s) to Orphans of the Storm, Inc. (OOTS) I have the authority to do so, have duty of care, do so voluntarily, without duress or coercion, and without expectation of any influence in charges that may be filed. (Initial) _____ All animals become at once the property of OOTS. It is expressly agreed that said OOTS will incur no obligation to me on account of such disposition of the (these) animal(s). I grant permission for OOTS to use images of these animal(s) in any format, in all media, for any purpose.

PLEASE PRINT:

Name: _____ Date: _____

Address: _____ City: _____ State _____ Zip: _____

Phone(s): _____ email: _____

Signature: _____

Received by: _____ Donation: _____