



Corpus Christi Animal Care Services

Owner Surrender Form

2626 Holly Rd, Corpus Christi, Texas, 78415
 (361) 826-4630 / Email: ccacs@cctexas.com

Owner and Pet Information

Owner's Name:		Owner's DOB:	Today's Date:
Address:		City/State:	Zip:
Phone #:	Phone #:	E-mail Address:	
Driver's License Number:		Issuing State:	
Pet's Name:	Pet's Age:	Pet Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	
Pet's Breed:	Pet's Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pet's Color / Descriptive Markings:			
Has your pet ever bitten?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Has your pet bitten anyone in the last 10 days?: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Surrender History

Have you ever surrendered a pet to us before? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what was the reason?	
Reason for surrendering your pet? Provide as much information as possible. It is the only way we can properly assist your pet.	
If we could offer any assistance to help you keep your pet, would you be interested? <input type="checkbox"/> Yes <input type="checkbox"/> No	
To keep my pet, I would need:	

How long have you owned your pet?		How many homes has your pet had?	
Where did you get your pet?	<input type="checkbox"/> This shelter	<input type="checkbox"/> Found as a stray	<input type="checkbox"/> Pet store
	<input type="checkbox"/> Another Shelter - Name of agency:		<input type="checkbox"/> Rescue group
	<input type="checkbox"/> Breeder	<input type="checkbox"/> Given as a gift	<input type="checkbox"/> Online
		Name of agency:	
		<input type="checkbox"/> Born at home	

Medical Information

Has your pet been to a veterinarian?		Name of veterinarian?	
Is your pet current on vaccinations?		When was your last veterinarian visit?	
Has your pet been diagnosed with any of the following:			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Cancer	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Tumors
<input type="checkbox"/> Parvo	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Thyroid Disease
<input type="checkbox"/> Heartworms	<input type="checkbox"/> Feline Leukemia	<input type="checkbox"/> Feline Immunodeficiency Disease (FIV)	<input type="checkbox"/> Allergies: _____
<input type="checkbox"/> Mange	<input type="checkbox"/> Upper Respiratory Disease	<input type="checkbox"/> Other:	<input type="checkbox"/> Urinary Tract Infection
<input type="checkbox"/> Epilepsy / Seizures			

General Personality (Cats and Dogs)

Check all that apply to your pet's overall personality:				
<input type="checkbox"/> Very active	<input type="checkbox"/> Couch potato	<input type="checkbox"/> Talkative/vocal	<input type="checkbox"/> Quiet	<input type="checkbox"/> Friendly to visitors
<input type="checkbox"/> Independent	<input type="checkbox"/> Fearless	<input type="checkbox"/> Playful	<input type="checkbox"/> Escape artist	<input type="checkbox"/> Shy to visitors
<input type="checkbox"/> Likes being alone	<input type="checkbox"/> Likes being with people	<input type="checkbox"/> Fearful	<input type="checkbox"/> Hates visitors	
Has your pet had regular good/safe interactions with children?		<input type="checkbox"/> under 5 years	<input type="checkbox"/> 5-12 years	
<input type="checkbox"/> Over 12 years	<input type="checkbox"/> No patience with kids	<input type="checkbox"/> Never been around kids / unsure of reactions		
Good with cats? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		Good with Dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
What is your pet's favorite toy?				
What brand of food has your pet been eating? <input type="checkbox"/> Canned <input type="checkbox"/> Dry food				
Where does your pet sleep?				
What, if anything, is your pet afraid of?				
Does your pet like to chase? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what does he chase?				
What, if anything, has your pet been aggressive toward?				

Cats Only

Check all that apply to your cat:

<input type="checkbox"/> House cat	<input type="checkbox"/> Lap cat	<input type="checkbox"/> Dog-like	<input type="checkbox"/> Prefers to be inside only
<input type="checkbox"/> Barn cat	<input type="checkbox"/> Good hunter	<input type="checkbox"/> Outdoor only	<input type="checkbox"/> Likes to go outside sometimes

Is your cat declawed? Front Back All four paws

Is your cat litter box trained? Yes No Unsure **What type of litter is your cat used to?**

Is there anything else a future owner should know about your cat?

Dogs Only

Check all that apply to your dog:

Has your dog attended any formal obedience training classes? Yes No

How does your dog learn best?	<input type="checkbox"/> Prong collar	<input type="checkbox"/> Time out	<input type="checkbox"/> Leash correction	<input type="checkbox"/> Treats / food reward
	<input type="checkbox"/> Punishment	<input type="checkbox"/> Strong voice	<input type="checkbox"/> Clicker training	<input type="checkbox"/> Positive reinforcement

What commands does your dog know? No Sit Down Come Stay Heel Off

Does your dog jump fences? Yes No **If yes, how high?** **If yes, what type of fence?**

Does your dog dig under fences? Yes No

Is your pet housetrained? Yes No Unsure **Is your pet crate trained?** Yes No

If your pet is not fully housetrained, does your pet?	Lift their leg? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have accidents if left too long? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cannot be trusted alone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have accidents in their crate? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Urinate when excited? <input type="checkbox"/> Yes <input type="checkbox"/> No	Use puppy pads? <input type="checkbox"/> Yes <input type="checkbox"/> No

How does your pet let you know he needs to go to the bathroom?

Where is your dog kept during the day? **At night?**

Is your dog protective? Yes No **If yes, what does he protect?**

Is there anything else a future owner should know about your dog?

General Statements

Please initial after each statement

I am surrendering ownership of my animal to the City of Corpus Christi's Animal Care Services Center:

I understand that my animal may be humanely euthanized (put to sleep) at Animal Care Service's discretion:

I understand that I will not receive a phone call in reference to my animal's outcome:

I have no other contractual agreement/obligation with any other agency in reference to this animal:

I understand that by signing this form, the surrender of my animal is irrevocable:

To the best of my knowledge, the animal(s) <u>HAS</u> bitten/scratched someone within the last 10 days	Initial:
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To the best of my knowledge, the animal(s) <u>HAS NOT</u> bitten/scratched someone within the last 10 days	Initial:
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Owner's Signature

I understand that I have the right to go to court for custody of the animals and that I am waiving that right.	Signature:
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By signing I am certifying that I am the legal owner of the animal(s) I am turning in.	Signature:
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Animal Service's staff use only

Impound number: A	Microchip scan results: Negative Positive Chip #
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Received by:	Kennel number:
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Notes: