



(352) 796-2711

P.O. Box 10328, Brooksville, FL 34603

## Owner Release Form

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

Owner Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male: \_\_ Neutered? \_\_ or Female: \_\_ Spayed? \_\_

Vaccination Dates: Rabies: \_\_ Distemper/Parvo: \_\_ Bordetella: \_\_ FELV/FIV: \_\_

Heartworm Test (dog): \_\_ Result: \_\_ FELV/FIV Test (cat): \_\_ Result: \_\_

Date of last Heartworm prevention: \_\_\_\_\_ Flea prevention: \_\_\_\_\_

\*A copy of current vaccinations and testing must be provided with application for consideration.

Reason for Surrender: \_\_\_\_\_

Pet must be surrendered by: \_\_\_\_\_

Has the pet ever bitten anyone? \_\_\_\_\_

Is the pet on medication or does it have a history of medical problems? If so, please describe: \_\_\_\_\_

Has the pet ever been injured? How? \_\_\_\_\_

How does the pet behave with:

Children? \_\_\_\_\_ Dogs? \_\_\_\_\_ Cats? \_\_\_\_\_

Have you ever muzzled this pet and why? \_\_\_\_\_

Has the pet ever been in a fight? \_\_\_\_\_

Does the pet listen to commands? \_\_\_\_\_

Which commands? \_\_\_Sit\_\_\_Stay\_\_\_Down\_\_\_? \_\_\_\_\_

What method of training did you use? \_\_\_\_\_

Where does pet spend most of its time?(Inside/Outside/Other) \_\_\_\_\_

Is the pet house broken/litter trained? \_\_\_\_\_

Has the pet been crate trained? \_\_\_\_\_

Additional Information to help us rehome your pet: \_\_\_\_\_

**I hereby surrender all rights of the above animal to the Humane Society of the Nature Coast (HSNC) and I further stipulate that the information provided is true and accurate; I authorize the release of any medical records of the above animal by and for the Humane Society of the Nature Coast. I verify that the above animal has not bitten anyone in the past 30 days and is not under any quarantine or legal adjudication.**

Owner Signature \_\_\_\_\_ Date: \_\_\_\_\_

Driver License/State ID: \_\_\_\_\_

HSNC Representative \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Copy of most current vaccinations

\_\_\_\_\_ Copy of most current testing

\_\_\_\_\_ Photo of pet