



City of Denton Animal Surrender Form

Terms of Release

_____ I acknowledge that my signature on this form relinquishes all claims of ownership of the animal(s) described below. Neither my family, any representatives action on my behalf, nor I may assert present and/or future claims, suits, or demands against the City of Denton. I am also aware that the Animal Services Manager/Supervisor of the shelter reserves a discretionary right to dispose of all such animals. The method of disposition may be Adoption, Transfer to another group or rescue organization, or by a humane euthanasia.

_____ To the best of my knowledge and belief, the animal described herein **has not been bitten or scratched any person in the past ten (10) days.**

_____ I understand that should I choose to reclaim the animal I am releasing to the City of Denton Animal Services, I will be required to adopt the animal according to the procedures for adoption set forth in the City of Denton code of Ordinance Section 6.18- Adoption of dogs, cats, and ferrets.

OWNER/NON-OWNER INFORMATION (PLEASE PRINT LEGIBLY)

NAME _____ DL# _____

PHONE# _____ EMAIL _____

ADDRESS _____ CITY _____ ZIP _____

ANIMAL INFORMATION:

Owner Surrender Stray Surrender Adoption Return

Reason _____

If Stray, where did you find animal? (Location) _____

Name: _____ Breed _____ Sex _____ Age _____ Color _____

Did the animal ride well in the car? _____

Did the animal arrive with any noticeable injuries? _____

Owner/Non-Owner Signature _____ Date _____

ACO Signature _____ Date _____

OUR CORE VALUES

Integrity • Fiscal Responsibility • Transparency • Outstanding Customer Service

IF THIS IS AN OWNER SURRENDER PLEASE FILL OUT THE PET PROFILE ON THE BACK OF THIS PAGE.

PET PROFILE

-Please fill out as much information as possible so we can best rehome your pet-

Owner's Name: _____

Pet's Name _____ Age: _____

Sex: Male - Neutered: Yes No Female-Spayed: Yes No

Micro-chipped: Yes No Microchip # _____

Is pet declawed (cats): Yes No

Has your pet bitten or scratched anyone in the past 10(ten) days? Yes No

Is this pet current on any vaccinations: Yes No Vet Clinic: _____

Does the pet have injuries/health issues?

What is your animal's shedding level? **Low Medium High**

Does your animal have grooming needs? **Yes No Personal Preference**

What is your animal energy level? **Low Medium High**

Did you keep your animal indoor or outdoor? **Indoor Only Outdoor Only Both**
(not including bathroom time)

Does your animal have separation anxiety?
Minimal Mild Severe Not an issue

How does your pet do with dogs? _____

How does your pet do with cats? _____

How does your pet do with kids? _____

Is your pet: **Potty Trained/Litter Trained Crate Trained Leash Trained**

Any destructive behavior? _____

Any Digging, Barking, or other noticeable behavioral issues? _____

Any Additional Helpful Information?