



REDLANDS ANIMAL CONTROL/SHELTER
504 NORTH KANSAS STREET
REDLANDS, CALIFORNIA 92373
PHONE (909)798-7644 FAX (909)335-4773

Owner Surrender For Adoption: Other

Today's Date: _____ Animal's Name: _____

Age _____ Species _____ Breed _____ Sex _____

Spayed/Neutered? Yes No Microchipped? Yes If yes, # _____ No

Why are you surrendering this animal? (Please provide as much information as you can.) _____

What circumstances would allow you to keep your animal? _____

What are you providing as proof of ownership? (photo, veterinary records, microchip registration) _____

How long have you owned the animal? _____ How many homes has the animal had? _____

Where did you get the animal? _____

Has the animal scratched or bitten a person in the last ten (10) days? Yes No

If yes, who was bitten: _____ Date of bite: _____ In what city? _____

Has the animal ever: Bitten Scratched Lunged or attacked None of these

If yes, did a bite break the skin? Yes No Was Animal Control involved? Yes No

Please explain the circumstances: _____

The animal's veterinarian: _____ City & State _____ Phone: _____

Is the animal current on Rabies vaccinations? Yes No

Please list any past or present injuries, treatments or other medical history:

Check all of the following that describe the animal:

- Very active Couch potato Noisy Quiet Playful Friendly
 Separation anxiety Shy Likes to be touched Affectionate Fearful
 Independent Protective Always at your side Indoor animal Outdoor animal
 Nervous House-Trained Crate-Trained Likes men Likes women

PLEASE CONTINUE TO THE OTHER SIDE >>>

Has the animal lived with children? Yes No If so, what ages: _____

Would you recommend your animal live with children in the future? Yes No

Has the animal lived with dogs? Yes No

Would you recommend your animal live with dogs in the future? Yes No

Has the animal lived with cats? Yes No

Would you recommend your animal live with cats in the future? Yes No

Has the animal lived with other animals? Yes No

If yes, describe the other animals: _____

Would you recommend your animal live with other animals in the future? Yes No

What are the animal's favorite activities or objects? _____

What does the animal dislike or fear? _____

Where is the animal kept during the day? _____

Where does the animal sleep at night? _____

Does your animal travel well in the car? _____

What type of food do you feed your animal? _____

Additional Information or Comments _____

Print Your Name _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Driver License _____ Email _____

_____ I hereby acknowledge that I have been notified of and fully understand the conditions of my
Initial Here relinquishment of this animal. Redlands Animal Shelter shall have sole and exclusive legal right to make
all outcome decisions and take all actions deemed appropriate, including return to owner, adoption, or
euthanasia.

_____ Pursuant to food and agriculture code sections 31108.5(a)(2) and 31752.2(b), any person who provides
Initial Here false information pursuant to this subdivision about his or her ownership of this animal shall be liable to
the true owner of the animal in the amount of one thousand dollars (\$1000).

My signature below certifies that I am the owner of, or have the authority to surrender to Redlands Animal Shelter the
animal described above. I hereby relinquish all rights of ownership and any right to information on the disposition of
said animal. I also authorize the release of any veterinary records regarding the animal. I certify that to the best of my
knowledge I have disclosed all information about the animal concerning health, behavior, history and anything else that
may affect the safe placement of the animal in a new home, and that all statements made above are true and correct.

Signed _____ Date _____

Do Not Write Below This Line – For Office Use Only
Surrender Approved Yes No Reason _____

Approval By _____ Date _____

Animal Number _____ Animal Name _____

Notes _____
