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oakgov.com/petadoption

**ID #: (Staff Use Only)**

**Animal Relinquish Information**

This give-up form is for both cats and dogs. Please fully complete this sheet. The information you provide helps us understand and find the best possible new home for your pet.

# GENERAL INFORMATION

Animal Name: Date:

Breed:

Age: Gender:

Spay/Neutered? Declawed? □ Front paws □ All four paws □ No

How long have you had this pet?

Reason for surrendering:

If you were not the first or original owner, do you know why the previous owner gave up the pet?

# HOUSEHOLD INFORMATION

List children in your household and any other children that your pet had significant interaction with:

Child’s Age How does the pet respond? (Enjoy, tolerate, prefers to be left alone, scratch/growl/bite, etc.)

If other pets remain in the home, why was this pet selected for surrender?

Where was this pet most of the time? □ Inside □ Outside □ Crate □ Garage

If ever outside, describe the circumstances (Fenced in yard, on a chain, on a cable, free in the yard, on a leash, invisible fence)

Can/does your pet climb fences or jump over fences?

List other pets in your household and any other animals that your pet had significant interaction with: Species/Breed Age Gender How does this pet respond?

# ANIMAL PERSONALITY, LIFESTYLE, & BEHAVIOR TRAITS

Is this pet: (Check all that apply) □ House broken/litter trained □ Leash trained □ Know basic commands Does this pet have accidents often?

Pet’s energy level? (Please check one) □ Low □ Medium □ High

Would you say this pet is: (Check all that apply) □ Playful □ Shy □ Needy/clingy □ Independent □ Protective

* Mellow □ Other

How does this pet react to new people? (Shy, aggressive, friendly, barks, nips, fearful, hides, etc.)

Is this pet afraid in any certain situations or around certain people?

How long does it take the pet to warm up to new situations or people?

How does this pet react when uncomfortable? (Hides, swats, bites, growls, nips, etc.)

Any incidence of aggression in the past?

Last seen by a veterinarian? Vet clinic:

Any known health issues? (Past or current)

What type of food? (Wet, dry, etc.)

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| --- | --- | --- | --- |
| Please check all that apply:   * Likes brushing * Hates brushing * Likes to play | * Vocal * Likes to be pet/held * Hates being pet/held * Chews | * Nips, play bites * Good in carrier/crate * Hates carrier/crate * Okay with nail trims | * Kills rodents * Okay with car rides * Hates car rides * Okay with baths |
| * Digs in plants * Likes cat nip * Likes balls/mice | * Scratches * Likes toys * Laps (cuddle/sleep) | * Hates nail trims * Laser pointer * Scratch post | * Hates baths * Marks/sprays * Squeaky sounds |

# ADDITIONAL COMMENTS

Please list anything else we need to know to match this pet with the right new home: