

FORD COUNTY HUMANE SOCIETY SURRENDER FORM

Date of Surrender: _____ Pet's Name: _____

Dog/Cat Breed: _____ Color with Markings: _____

Weight: _____ Age: _____ DOB: _____ Male/Female Spayed/Neutered

Can we have the person who adopts this pet contact you for additional information? _____

If this is a stray animal, when and where did you find it? _____

Have you advertised the animal? _____

FILL OUT THIS SECTION IF AN OWNER SURRENDERED

Name and phone number of vet: _____

Last vet appointment: _____

Parvo/Distemper Date: _____ Rabies Date: _____ Tag Number: _____ Year: _____

Housetrained: _____ Inside/Outside pet: _____

Can pet be left alone in house?: _____ How long?: _____

Good with children?: _____ What ages?: _____

Good with dogs?: _____ Good with cats?: _____

How long have you had this pet?: _____

Reason for surrender: _____

Has this pet ever shown aggression?: _____ To what?: _____

Brand/type of pet food: _____ Amount & frequency: _____

Where does this pet sleep?: _____

Does this pet know any commands (sit/stay/heel, etc.)?: _____

Other remarks: _____

I certify that I do/do not own the animal described above and hereby surrender all interest, if any, therein to the Ford County Humane Society. I request that the animal be adopted or otherwise disposed of as us deemed advisable by the Ford County Humane Society. I understand that the Humane Society is not responsible for medical treatment, and that if said animal is not adopted within specified time limits, or is deemed to be not adoptable or becomes ill, it may be surrendered to the Dodge City Animal Shelter, or otherwise euthanized. I certify that the animal has not bitten any other animal or human within the last 10 days.

Signature (Owner/Finder): _____

Name: _____ Address: _____

City: _____ State: _____ Phone #: _____

Animal Accepted by: _____ Control #: _____

Final Disposition: _____ Date: _____

Ford County Humane Society Adoption Application

P. O. Box 1581 Dodge City, KS 67801

We check references and reserve the right to decide the placement of our animals.

Name: _____ Date: _____

Type of pet desired: _____

Home Phone: _____ Work Phone: _____ Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Spouse: _____ Employer: _____ Phone: _____

I live in a: House _____ Duplex _____ Apartment _____ Mobile Home _____ I can have pets: _____

I rent _____ own _____ Name of landlord: _____ Phone: _____

(If you rent we will verify with your landlord that you can have the type of pet you are considering)

How long have you lived at the current address? _____ If less than 1 year, list previous address: _____ Length of time lived there: _____

Do any members of your family have allergies? Yes _____ No _____ Explain _____

Will you be moving in the next 60 days? Yes _____ No _____ If so, what do you plan to do with this pet? _____

Are you over the age of 18? Yes _____ No _____ List name(s) and age(s) of any children living in your home under the age of 18: _____

Pet will be: Outside only _____ Inside only _____ Inside/Outside _____ On a chain _____

Do you have a fenced yard? Yes _____ No _____ Dog run? Yes _____ No _____ Size _____

Type of fence: _____ Height of fence: _____

If you do not have a fenced yard, how will your pet get exercise and be confined to your yard? _____

Where will pet sleep? _____ Describe pet's outdoor shelter: _____

How long will pet be alone during the day: _____

Pet will be: Household Companion _____ Child's Pet _____ Hunting _____ Guard Dog _____ Gift _____

Companion for other animal _____ Working/farm _____ Other (explain) _____

Who is pet for? _____ Who will care for the pet? _____

Are you willing to have this pet spayed or neutered? Yes _____ No _____

Have you adopted a pet from us before? Yes _____ No _____ When _____

List pets you have now: Name Breed Age Male/Female Spayed/Neutered

Name of veterinarian: _____ Phone: _____ Last Appt: _____

Have you ever surrendered a pet to the Humane Society or an Animal Shelter? _____

If yes, explain: _____

Signature of applicant: _____

Application verified by: _____ Date _____

Approved _____ Denied _____ (reason): _____ (put notes on back)