

Please help us provide great care for this animal by thoroughly completing the following information. Thank you!

Owner Name: _____ First Last	Date: _____
Address: _____ Street City State Zip	
Home Phone: _____	Alternate Phone: _____

Pet's Name: _____ Reason for surrender: _____

To your knowledge, has this animal bitten anyone within the past ten (10) days? YES NO

If yes, please describe the incident: _____

Please review and sign below acknowledging the following:

- I am the owner of this animal or the owner's representative acting upon the owner's consent.
- I understand that I will be charged a non-refundable fee to admit this animal to the Capital Area Humane Society for evaluation. If I attempt to reclaim this animal, I will be charged a redemption fee.
- I understand that the CAHS is a nonprofit organization serving nearly 14,000 animals a year whose mission is to fight animal cruelty, help animals in need and advocate for their wellbeing.
- Animals with illness or contagious disease, animals with age-related problems, and animals that pose a health or safety risk to people or other animals and cannot be handled safely are not candidates for our adoption program and may be humanely euthanized. CAHS cannot guarantee adoption or placement of any animal. Sometimes health, age, or behavioral problems present after admission, or our veterinarian/staff discover them upon examination or evaluation. Animals may also be humanely euthanized if appropriate housing and care are not available.
- I understand that whether or not this animal is made available for adoption is at the discretion of the Capital Area Humane Society and that if I have questions regarding the disposition of this animal, I should ask them now.
- My signature below reflects that I read and understand the above information and that I am releasing all rights and claims for this animal to the Capital Area Humane Society.

Print Name: _____ **Signature:** _____ **Date:** _____

For Office Use Only...

Breed: _____	Color: _____	Intake Condition: _____
Age: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NM <input type="checkbox"/> SF	Room: _____
PetPoint ID: _____	Person PP ID: _____	Staff: _____
Photo ID? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fee Received: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Charge

Surrendered Exotic Profile

STAFF: _____

DATE: _____

I originally got my pet from: _____ I've owned him/her for: _____ yrs.

I kept my pet in this type of housing: _____

My pet spends this much time outside of his/her enclosure daily:

- None Less than 1 hour 1-2 hours 2-4 hours 4 or more hours

In terms of ease of handling, my pet is:

- Very easy to handle Somewhat easy Neither easy nor difficult Difficult

My pet has interacted with: Dogs Cats Other: _____

My pet usually behaves in the following way around:

- | | | | | | |
|-----------|-----------------------------------|------------------------------|--------------------------------------|-------------------------------------|----------------------------------|
| Cats: | <input type="checkbox"/> Friendly | <input type="checkbox"/> Shy | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Unknown |
| Dogs: | <input type="checkbox"/> Friendly | <input type="checkbox"/> Shy | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Unknown |
| Children: | <input type="checkbox"/> Friendly | <input type="checkbox"/> Shy | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Unknown |
| Strangers | <input type="checkbox"/> Friendly | <input type="checkbox"/> Shy | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Unknown |

My pet eats (please include details on amount and how often)

My pet was last seen by a veterinarian on: _____ at _____
DATE VET PRACTICE NAME / VET'S NAME

My pet has the following health concerns: _____

Other helpful information about my pet:
