



3602 Lafayette Blvd Suite 102  
Fredericksburg, VA 22408  
olddominionhumaneociety@gmail.com

Office Use Only Date \_\_\_\_\_ Species \_\_\_\_\_ Age \_\_\_\_\_  
Sex Male Female PetName \_\_\_\_\_ ID # \_\_\_\_\_  
Fur Color \_\_\_\_\_ Fur Length  Short  Medium  Long  
Breed(s) \_\_\_\_\_  
Micro Chip Number \_\_\_\_\_  
Micro Chip Company \_\_\_\_\_

Owner Surrender

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: Virginia Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of your Veterinarian \_\_\_\_\_ Veterinarian's phone \_\_\_\_\_

Are all vaccines up to date?  Yes  No

If not, please explain \_\_\_\_\_

What food is your pet currently eating? \_\_\_\_\_

Is your pet allergic to certain foods?  Yes  No Is your pet a picky eater?  Yes  No

Is your pet on medications?  Yes  No

If yes, which medications, and why is your pet taking them? \_\_\_\_\_

Does your pet try to escape?  Fence Jumper  Digger  Runs out the door  Chews Leash  Climbs out open windows

Other \_\_\_\_\_

How many hours a day was your pet left alone?  1 hour  5 hours  8 hours  10 hours

Where was your pet kept when left alone? \_\_\_\_\_

Where did you pet sleep? \_\_\_\_\_

How did you obtain this pet? \_\_\_\_\_

How long have you owned this pet? \_\_\_\_\_

Has your pet ever bitten anyone?  Yes  No

If yes, please explain the situation \_\_\_\_\_

Please check all that apply to your pet.

- Good with dogs  Good with cats  Not good with young children  Not good with strangers  Food Aggressive
- Toy Aggressive  House broken  Litter box trained  Currently on heart worm prevention

If you would like to explain more about the above questions, please do so here.

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Has your pet had any medical procedures performed?

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Reasons for surrender?

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I \_\_\_\_\_ surrender this pet (name) \_\_\_\_\_

To Old Dominion Humane Society. Old Dominion Humane Society has all the rights and ownership of the animal.

My signature to this Owner Surrender form, attests to my intent to hold harmless and release from all liability Old Dominion Humane Society, Inc. or any of its past, present, or future Officers, Agents, Volunteers, Employees, or Assigns, from all acts which are related to

My signature, whether original, by fax, or any other electronic means, is valid as if it were an original signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Old Dominion Humane Society Rep \_\_\_\_\_ Date \_\_\_\_\_