FIRST NAME \_

PHONE #

MAILING ADDRESS

LAST NAME \_

EMAIL

PHYSICAL ADDRESS

HOW MANY PETS ARE YOU SURRENDERING TODAY?

WHERE DID YOU FIND THIS PET(S)?

WHEN DID YOU FIND THIS PET(S)?

PET #1: CAT DOG BREED MALE FEMALE SPAYED/NEUTERED

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION APPROX AGE

DOES THIS PET HAVE ANY HEALTH ISSUES?

FLEAS TICKS INJURED SICK EMACIATED THIN OVERWEIGHT

TEMPERAMENT

FERAL FRACTIOUS/SCARED FRIENDLY

MICROCHIP

**(SPACE FOR ADDITIONAL ANIMALS ON BACK OF FORM)**

I certify that I DO NOT OWN the animal(s) described above and that I hereby surrender all my interest therein to the Humane Society of St. Thomas, and I understand that the animal be disposed of as seems advisable at the sole discretion of the Humane Society of St. Thomas. It is expressly agreed that said Humane Society of St. Thomas, including its officers and employees, will not incur any obligation to me on account of such disposition of said animal.

PRINTED NAME DATE

SIGNATURE

THE HUMANE SOCIETY OF ST THOMAS IS FUNDED BY PUBLIC DONATIONS. DONATIONS HELP PAY FOR FOOD, MEDICAL CARE, AND STAFFING TO CARE FOR THE ANIMALS. PLEASE CONSIDER MAKING A DONATION TO HELP US CARE FOR THESE PETS.

PET #2: CAT DOG BREED MALE FEMALE SPAYED/NEUTERED

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION APPROX AGE

DOES THIS PET HAVE ANY HEALTH ISSUES?

FLEAS TICKS INJURED SICK EMACIATED THIN OVERWEIGHT

TEMPERAMENT

FERAL FRACTIOUS/SCARED FRIENDLY

MICROCHIP

PET #3: CAT DOG BREED MALE FEMALE SPAYED/NEUTERED

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION APPROX AGE

DOES THIS PET HAVE ANY HEALTH ISSUES?

FLEAS TICKS INJURED SICK EMACIATED THIN OVERWEIGHT

TEMPERAMENT

FERAL FRACTIOUS/SCARED FRIENDLY

MICROCHIP

PET #4: CAT DOG BREED MALE FEMALE SPAYED/NEUTERED

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION APPROX AGE

DOES THIS PET HAVE ANY HEALTH ISSUES?

FLEAS TICKS INJURED SICK EMACIATED THIN OVERWEIGHT

TEMPERAMENT

FERAL FRACTIOUS/SCARED FRIENDLY

MICROCHIP