



CITY OF LOUISIANA

ANIMAL SURRENDER FORM

By signing this form, I state that I am the owner of the animal(s) who is/are the subject of this Animal Surrender Form, hereinafter referred to as "the animal." To my knowledge, no other person has any right to this animal. I hereby surrender all rights to the animal. I understand that once I relinquish the animal, the animal will not be available to be returned. I have read and understand the terms of this Animal Surrender Form.

Date _____ Address *City, State, and Zip* _____

Printed Name _____ Signature _____

Phone Number _____ Email _____

Pet Name: _____ Animal Type: _____ Weight/Size: _____

Age: _____ Years Owned: _____ Sex: _____

Previous Owner: _____ Spay/Neuter: _____ Indoor/outdoor: _____

Color: _____ Last Vet Visit: _____

Distinctive Markings: _____

_____ Current Vet: _____

VIN #: _____

Drivers License #: _____ Breed: _____

Plate Number #: _____

Does pet chew/claw furniture? Yes No Can pet be left alone outside? Yes No

Good with other animals? Yes No

Has animal bit anyone? Yes No

If yes, explain circumstance: _____

Rabies tag? Yes No Housebroken? Yes No Does pet bark? Yes No

Can you be contacted by adopting family? Yes No Obedience training? Yes No

Medical Issues: _____

Special Food Requirements: _____

Please describe in detail why you are surrendering your pet:
