

FRANKLIN COUNTY HUMANE SOCIETY INC.
OWNER RELEASE & PET HISTORY FORM

Date of Surrender: _____ Circle One: Dog Cat

Name of person surrendering pet _____

Name of Animal _____ Breed _____

Colors/Markings _____ Age _____

Sex: Male Female Spayed/neutered? Yes No

Veterinarian _____

Up to date on vaccinations? Yes No If yes, please provide paperwork.

Microchipped? Yes No Microchip # _____

Does pet have any allergies or reactions to food or medications? Yes No

Are there any medical conditions we should know about? Yes No

If yes, please explain: _____

Is pet good with people? Yes No _____

Good with young children? Yes No Good with older children? Yes No

Good with dogs? Yes No Good with cats? Yes No

If not, explain: _____

Has pet ever been kenneled/crated? Yes No Is pet housebroken? Yes No

Where is pet kept? Indoors Outdoors Both Is pet leash trained? Yes No

How many hours a day does pet spend unsupervised? _____

Does pet escape from house/yard? Yes No How? _____

How long have you had pet? _____

Where did you get pet? _____

Does pet have any undesirable habits?_____

Has pet ever shown signs of aggression (growl, snap, bite)? Yes No

If yes, please explain:_____

Reason for relinquishment_____

Please describe anything special about pet that would help us to find him/her a forever home:_____

OWNER INFORMATION:

Print Name_____

Address_____

City_____ State _____ Zip_____

Phone_____ Driver's License #_____

I am the owner or agent of the owner *or* custodian as a result of the animals' (described above) abandonment and I relinquish ownership to Franklin County Humane Society Inc. In doing so, I give up all rights and responsibilities associated with this animal(s) from this date forward. To the best of my knowledge, this animal has not bitten anyone within the last 10 days. I understand that this animal may be euthanized in accordance with Section 3.2-6546. Subsection F of the Virginia Animal Welfare Code and/or deemed appropriate by the Medical Director/Veterinarian.

Signature of Owner_____

Signature of agent/custodian_____

Staff Member Signature_____ Date_____

Staff Notes:_____

Franklin County Humane Society Inc.

Planned Pethood Clinic & Adoption Center

P.O. Box 2118 • 18401 Virgil Goode Hwy. • Rocky Mount, VA 24151

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