

Owner Surrender Pet Information

Please provide as complete information as possible. This will enable the Rainbow District Animal Shelter to identify the best forever home for your dog.

Pet's Name:			
Pet's Age:			
Species:	Breed:		
Gender	Male:	Female:	
Neutered or Spayed:	Yes	No:	
Incoming Weight:			
Has the pet been vacc	inated in the last 12 months?	Yes	No
Is the pet micro chippe	ed?	Yes	No
Veterinarian's Name:			
Why are you surrende	ring the pet?		
	y behaviour issues the next ow		
	cats or your cat good with dogs		
Yes	, c c	Don't know	
Is your pet good with y			
is your per good with y			
Yes	No	Don't know	
	411 St Agnes St. West. PO Bo		
	Tel 705-673-3647 F e-mail: <u>shelter@rdshelter.ca</u> ر		

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Has your pet had obedience training?		Yes	No
How would you describ	e your pet's behavi	our on a leash?	
Fully trained		Pulls occasionally	
Pulls all the time		Don't know	
Food preferences:			
What is your pet's favou	urite activity (e.g g	oing for walks, playing fetc	h, vegging on the couch)
Does your pet have any Is the pet on any medica		Il conditions the next owne	er should be aware of?
Other comments or info	ormation you would	d like to provide	

411 St Agnes St. West. PO Box 640, Azilda ON POM 1B0 Tel 705-673-3647 Fax 705-983-5147 e-mail: <u>shelter@rdshelter.ca</u> web site: <u>www.rdshelter.ca</u>