Pet Intake Form

CONTACT INFORMATION		
Name:	Address:	City, State, Zip:
Home Phone: ( )	Work Phone: ( )	Cellular Phone: ( )
Other: ( )	Email Address:	
Driver's License #:	Are you the owner of this Pet? ☐ Yes ☐ No **How long have you had this Pet?**	
Receive Newsletter? ☐Yes ☐No	If no, then what is your relationship to this Pet:	
LOCATION FOUND (Provide address if known and cross streets or landmarks)		

ANIMAL INFORMATION			
Type of animal: ☐Dog ☐Cat ☐Other: ☐Litter (under 8 weeks) Number in litter:			Animal Name:
☐ Male ☐ Female ☐ Unknown	☐ Spayed ☐ Neutered ☐ Unknown	Breed:_____ ☐ Small ☐ Medium ☐ Large	
Age:	Tail: ☐Long ☐Short ☐Curly ☐Bushy ☐Docked	Ears: ☐Erect ☐Flop ☐Cropped Tipped: ☐Yes ☐No	
Coat: ☐Smooth ☐Wiry ☐Curly ☐Hairless ☐Other:		Color:	
Distinguishing Marks:		Tag #:	Microchip: ☐Yes ☐No
Collar ☐Yes ☐No Collar color: Type:			Chip No.:
		Other ID:	Declawed (Cats): ☐Yes ☐No

TEMPERMENT INFORMATION	
Where does your pet normally stay? ☐Mostly Indoors ☐Mostly Outdoors ☐Always Outdoors ☐Always Indoors	
Known Commands:	Leash Trained: ☐Yes ☐No ☐Unknown
House/Litter trained: ☐Yes ☐No ☐Unknown	Bad Habits:
How is the animal around children? ☐Patient ☐Friendly ☐Excited ☐Impatient ☐Aggressive ☐Unknown:	
Has the animal shown aggression? ☐Yes ☐No Describe:	Animal has bitten ☐Person ☐Another Animal ☐Unknown ☐Has not Bitten within 10 days

MEDICAL INFORMATION	
Known Medical Conditions: ☐ Heartworm ☐ FIV ☐ FELV ☐ Other: ☐ Allergies ☐ Skin Condition	Animals Normal Diet? ☐ Dry food ☐ Canned food ☐ Table scraps ☐ Unknown ☐ Other:
Known Vaccinations: ☐Rabies Date: ☐Distemper Date: ☐ FVRCP Date: ☐Other	
Any Known Injuries or Medical Conditions ☐Yes ☐No	

ACKNOWLEDGEMENT
Not every pet brought to the shelter leaves alive. Do not leave this pet if you have any concerns whatsoever that this pet may in fact face the potential of being put to sleep through humane euthanasia, including immediately following the release of this pet to the shelter.
☐ Yes, I understand that the department offers no guarantee for adoption and the animal may be euthanized at the discretion of Hillsborough County
Signature of person surrendering Pet:

FOR INTERNAL USE			
ARRIVAL STATUS OF ANIMAL ☐Healthy ☐DOA ☐Sick ☐Injured	☐ Stray ☐ Surrender ☐ Return	Animal ID	
	Received By:	Owner Notify: ☐Yes ☐No	Date:

Hillsborough County Pet Resource Center Statement of Surrender

IF YOU HAVE CONCERNS ABOUT THIS ANIMAL POTENTIALLY BEING IMMEDIATELY AND HUMANELY PUT TO SLEEP IMMEDIATELY UPON RELEASE, PLEASE DO NOT LEAVE IT HERE.

SECTION I

I, _____ who resides at: _____
(Please Print) (Home Address)

Do freely and voluntarily give ownership of the animal(s) described herein to the Hillsborough County Pet Resource Center. No one has forced, coerced or threatened me into surrendering this animal and/or no promises or guarantees have been made for me to surrender this animal. I am aware that the animal may be euthanized immediately.

DO NOT RELEASE THIS ANIMAL IF YOU HAVE CONCERNS ABOUT THE ANIMAL BEING IMMEDIATELY PUT TO SLEEP

_____
Signature

SECTION II

Owner Surrender

I certify that I am the sole owner of the animal(s) described herein, or have the authority to surrender such animal(s). I also understand that I surrender all rights of ownership to Hillsborough County Pet Resources and understand that my pet may be adopted, transferred or euthanized at any time and without prior notice.

_____
Signature

SECTION III

Stray/Homeless Animals

I certify that I am not the owner of the animal(s) described herein.

_____
Signature

NOTICE: All animals surrendered as "stray" or "lost" may be subject to a neighborhood canvassing by an Animal Safety & Enforcement officer or a volunteer to determine if anyone knows the rightful owner.

SECTION IV

By signing below I hereby certify that to the best of my knowledge this animal ☐ has, ☐ has not, bitten or scratched anyone in the last ten (10) days.

The information provided herein is true and correct to the best of my knowledge. I understand that pursuant to Florida Statute 837.06 whoever knowingly makes a false statement in writing or in person with the intent to mislead a public official in the performance of his/her official duty shall be guilty of a *misdemeanor in the second degree and if found guilty, a penalty of $500 and/or 60 days in jail may be imposed*.

_____ _____
Signature Date

_____ _____
Print Name Phone Number

_____ _____
DL/ID Number Email Address