



**PET INTAKE FORM/OWNER SURRENDER FORM**

|                          |                      |
|--------------------------|----------------------|
| <b>OWNER INFORMATION</b> |                      |
| Name: _____              | Date: _____          |
| Phone Number: _____      | Email Address: _____ |

|  |                               |
|--|-------------------------------|
| <b>PET INFORMATION</b>   |                               |
| Type: _____  | Breed: _____                  |
| Age: _____   | Gender: _____                 |
| Markings: _____  | Size: _____                   |
| Indoor/Outdoor: _____  | Housetrained: _____           |
| Reason for surrender: _____  |                               |
| Good with kids: Yes/No   Dogs: Yes/No   Cats: Yes/No   Other animals: Yes/No |                               |
| Any signs of aggression: _____   |                               |
| <b>PET MEDICAL HISTORY</b>   |                               |
| Spay/Neutered: _____   | Rabies Vaccination: _____     |
| Other Vaccinations: _____  | Heartworm Preventative: _____ |
| Flea/Tick Preventative: _____  | Name of Veterinarian: _____   |

**We require a \$45 surrender fee for dogs and cats.** This fee will be due at the time the pet is accepted into the HSU program. After the pet has been accepted, the owner will need to contact Southwest Texas Veterinary Medical Center to make the appointment for HSU health screening. If the pet does not pass the health screening it will not be accepted into the program. A member of the foster/adopt committee will contact you within 2-3 business days to inform you of the status of the surrender request.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit this form in person (127 South Camp Street – Behind the HEB)  
or via email [hsuadoption@yahoo.com](mailto:hsuadoption@yahoo.com)**

|                           |             |
|---------------------------|-------------|
| For Office Use Only       |             |
| Approved (Yes /No): _____ | Date: _____ |
| No-Reason: _____          |             |
| Volunteer: _____          |             |