

**TO BE COMPLETED BY SCSSH:**

Foster Home \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Steele County Humane Society**

PO Box 220, Owatonna, MN 55060

507-451-4512

steelecountyhumanesociety@gmail.com

steelecountyhumanesociety.net

## Surrender Agreement Form

The Steele County Humane Society (SCHS) desires to be a service source where potential pet adopters can be matched with animals in need of new homes. However, surrenders and strays are only taken if there is room in our foster program and only if the animal is determined to be adoptable. **The surrender fee per animal is \$150.00. Do not pay this fee until you have been notified that SCHS will take the animal(s).**

**The SCHS reserves the right to refuse or return any animal up to 5 business days after surrender. If the animal is returned to the owner a refund will be made of the surrender fee. The owner and/ or custodian acting in good faith, will need to determine and handle the animal's future.**

Animal Name				Date animal surrendered			
If stray, where found?				Owned		Stray	
Dog		Cat		Other		Male	
Neutered		Spayed		Age		Breed(s)	
Coat		Color(s)		Tail			
Heartworm test date completed (dog)		FeLuek/ FIV test date completed (cat)					
The amount of the surrender fee/donation received for this animal is				\$			
Up-to-date on shots		Yes		No		Vet/Clinic used	
Good with children		Good with dogs		Good with cats		Housebroken	
Crate trained		Leash Trained		Dog a barker			
Owner First Name				Last Name			
Street Address						Apt/Unit	
City				State			
Zip Code				County			
Email							
Home Phone				Cell Phone			
Is this animal residing with you currently? If not, where is it staying?							
Was this animal adopted from SCHS?				Yes		No	
Is this animal from a different rescue				Yes		No	
If yes, please list the rescue and whether or not you have contacted them.				Yes		No	
Have you tried any other options before reaching out to SCHS for surrendering?				<input type="checkbox"/> Rehoming to family or friends <input type="checkbox"/> Using social media <input type="checkbox"/> None <input type="checkbox"/> Checking with other shelters/rescues			
Check the following that apply to the reason you are requesting to surrender this animal.				<input type="checkbox"/> Owner health <input type="checkbox"/> Owner death <input type="checkbox"/> Unstable housing situation <input type="checkbox"/> Moving <input type="checkbox"/> Owner is in/going to treatment or jail <input type="checkbox"/> Relationship split <input type="checkbox"/> Lack of finances for care <input type="checkbox"/> Behavior problems <input type="checkbox"/> Animal was abandoned by original owner <input type="checkbox"/> Family/roommate allergies to animal <input type="checkbox"/> Other			



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Describe any behavior/temperament, or medical issues below

Have you reached out to veterinarian or animal behaviorist for diagnosis or advice?

- ☐ Yes  
☐ No  
☐ Not Applicable

If yes, what was the advice/diagnosis?

Has this animal ever bitten?

- ☐ Unknown  
☐ A Child  
☐ Teen  
☐ Family member  
☐ Unknown person to the animal  
☐ Other  
☐ Has never bitten

If you are surrendering a cat, is this cat declawed?

- ☐ No  
☐ Unknown  
☐ Yes – front paws  
☐ Yes – all 4 paws

Do you have any medical records for this animal?

- ☐ Yes  
☐ No  
☐ Unknown

Does this animal have any special dietary needs?

- ☐ Yes  
☐ No  
☐ Unknown

If yes, what special dietary needs does this animal have?

Does this animal have any special medical needs?

- ☐ Yes  
☐ No  
☐ Unknown

If yes, what special medical needs does this animal have?

What other type of pet has this animal lived with?

**Disclaimer:** SCHS may have a waiting list for incoming surrenders that could be 3 weeks or longer. By submitting this application, I understand that this shelter has the right to accept or deny my surrender application

## **AGREEMENT:**

- By leaving this animal with the SCHS, I am relinquishing all rights of ownership.
- I understand that if I seek to reclaim this animal, I will have to go through the regular adoption procedure.
- To the best of my knowledge, this animal **IS NOT** sick and **HAS NEVER** bitten anyone.

**IMPORTANT NOTICE: This Agreement is not complete until this document is signed by you, the non-refundable surrender fee is paid in full, and this document is signed by an authorized SCHS representative within 3 business days. UNTIL SUCH TIME AS THESE CONDITIONS ARE MET, YOU REMAIN THE LEGAL OWNER OF THE ABOVE-DESCRIBED ANIMAL.**

Signature		Today's Date	
SCHS Rep Signature		Printed Name	