



1700 Brown Road, Auburn Hills, MI 48326
Phone: 248-391-4100 | Fax: 248-391-9266
oakgov.com/petadoption

ID #: (Staff Use Only) _____

Animal Relinquish Information

This give-up form is for both cats and dogs. Please fully complete this sheet. The information you provide helps us understand and find the best possible new home for your pet.

GENERAL INFORMATION

Animal Name: _____ Date: _____

Breed: _____

Age: _____ Gender: _____

Spay/Neutered? _____ Declawed? Front paws All four paws No

How long have you had this pet? _____

Reason for surrendering: _____

If you were not the first or original owner, do you know why the previous owner gave up the pet?

HOUSEHOLD INFORMATION

List children in your household and any other children that your pet had significant interaction with:

Child's Age How does the pet respond? (Enjoy, tolerate, prefers to be left alone, scratch/growl/bite, etc.)

If other pets remain in the home, why was this pet selected for surrender? _____

Where was this pet most of the time? Inside Outside Crate Garage

If ever outside, describe the circumstances (Fenced in yard, on a chain, on a cable, free in the yard, on a leash, invisible fence) _____

Can/does your pet climb fences or jump over fences? _____

List other pets in your household and any other animals that your pet had significant interaction with:

Species/Breed	Age	Gender	How does this pet respond?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ANIMAL PERSONALITY, LIFESTYLE, & BEHAVIOR TRAITS

Is this pet: (Check all that apply) House broken/litter trained Leash trained Know basic commands

Does this pet have accidents often? _____

Pet's energy level? (Please check one) Low Medium High

Would you say this pet is: (Check all that apply) Playful Shy Needy/clingy Independent Protective
 Mellow Other _____

How does this pet react to new people? (Shy, aggressive, friendly, barks, nips, fearful, hides, etc.) _____

Is this pet afraid in any certain situations or around certain people? _____

How long does it take the pet to warm up to new situations or people? _____

How does this pet react when uncomfortable? (Hides, swats, bites, growls, nips, etc.) _____

Any incidence of aggression in the past? _____

Last seen by a veterinarian? _____ Vet clinic: _____

Any known health issues? (Past or current) _____

What type of food? (Wet, dry, etc.) _____

- Please check all that apply:
- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Likes brushing | <input type="checkbox"/> Likes to be pet/held | <input type="checkbox"/> Nips, play bites | <input type="checkbox"/> Kills rodents |
| <input type="checkbox"/> Hates brushing | <input type="checkbox"/> Hates being pet/held | <input type="checkbox"/> Good in carrier/crate | <input type="checkbox"/> Okay with car rides |
| <input type="checkbox"/> Likes to play | <input type="checkbox"/> Chews | <input type="checkbox"/> Hates carrier/crate | <input type="checkbox"/> Hates car rides |
| <input type="checkbox"/> Digs in plants | <input type="checkbox"/> Scratches | <input type="checkbox"/> Okay with nail trims | <input type="checkbox"/> Okay with baths |
| <input type="checkbox"/> Likes cat nip | <input type="checkbox"/> Likes toys | <input type="checkbox"/> Hates nail trims | <input type="checkbox"/> Hates baths |
| <input type="checkbox"/> Likes balls/mice | <input type="checkbox"/> Laps (cuddle/sleep) | <input type="checkbox"/> Laser pointer | <input type="checkbox"/> Marks/sprays |
| | | <input type="checkbox"/> Scratch post | <input type="checkbox"/> Squeaky sounds |

ADDITIONAL COMMENTS

Please list anything else we need to know to match this pet with the right new home: _____

