



Feline Relinquish Form

Relinquisher Information (Please Print)			
Full Name			
Address		City/ Town/Municipality	
Postal Code		Phone Number	
Identification (DL or HC #)		Email	

I Hereby Confirm That:

Surrender:

I am the owner of the below noted animal and that I have the sole authority to relinquish the Animal.
I surrender this Animal to the Regina Humane Society without recourse on my part. By surrendering this animal, I realize that it becomes the property of the Regina Humane Society and may be adopted immediately or humanely euthanized at the Regina Humane Society's discretion and I consent to this. I understand that if the animal requires veterinary care I will not be allowed to adopt the animal back. (Please complete over-leaf) *** _____ **Please initial to indicate you have read this statement *****

I am not the owner of the below noted Animal but am authorized by the owner to relinquish the Animal. **(Written proof of authorization and contact information for owner is required).**

Stray OR Abandoned Animal:

I found this Animal Running at Large. **(Please specify Location & Date)** _____

The below noted Animal was abandoned by the previous owner _____ and their whereabouts are currently unknown.
Name of Owner/ Any Contact Info Available

Other Circumstance:

Other **(Please specify)** _____

Public Health Information

Has this animal bitten a person and broken skin within the last 10 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes - Date of Last Bite	
Name and Contact Number Of Person Bitten		Circumstance of Bite	
If this animal has bitten, RHS Staff will request a bite report be completed so it can be sent to Public Health			

Animal Description

Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/>	Breed:	Color:	Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/>	Breed:	Color:	Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/>	Breed:	Color:	Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Other Notes (Tags, collars etc.)				

***By signing below I declare that I understand that stray, abandoned or surrendered pets relinquished to the Regina Humane Society MAY BE EUTHANIZED. The Regina Humane Society WILL NOT CONTACT OR PROVIDE INFORMATION to the relinquisher of the animal(s) listed above with regard to the animal's disposition. Relinquishers may be called upon to testify in court for Running at Large fines and Failure to License.**

Relinquisher Signature		Date	
Witness Signature		Time	

Animal ID#: _____

Job # _____

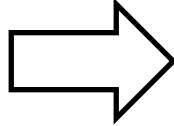
If this animal is surrendered by owner, please provide the following:

What is the primary reason you no longer want your pet? **(Check One)**

Please provide any additional information on the facing page which will assist in making the best match with a new home.

- Allergies to Pet
- Moving
- No Time for Animal
- Not Housetrained
- Owner Request for Euthanasia
- Owner in Poor Health/Deceased
- Surrender due to Investigations
- Too Many Animals
- Can't Afford to Care For
- Change in Living/Lifestyle Situation (Divorce, New Baby etc.)

***** ADDITIONAL
INFORMATION MUST BE
PROVIDED IN THE
SUPPLEMENTAL BEHAVIOUR
SECTION PROVIDED for the
following surrender reasons.**



- Not Good with Other Animals ***
- Chases/Kills Cats ***
- Not good with Kids ***
- Undesirable Behaviour ***
- Aggressive Behaviour ***
- Can't Afford Vet Fees ***
- Other ***

Pet's Name: _____

Where did you get this animal from? _____ Name of Source: _____

How old is your pet? _____ Date of Birth: _____ How long have you had your pet? _____

Is your pet good with children? Yes No Unknown

If No was selected, **ADDITIONAL INFORMATION MUST BE PROVIDED IN THE SUPPLEMENTAL BEHAVIOUR SECTION PROVIDED**

Which does your pet prefer? Men Women No Preference

Is your pet shy with new people/situations? Yes No

Is your pet ever allowed outside? Yes, Unsupervised Yes, Supervised Only No

If Yes was selected, does your pet wear a harness? Yes No

If Yes was selected, is your pet allowed to roam freely? Yes No

Does your pet try to escape while the door is open? Yes No

Does your pet like to be bathed/groomed? Yes No

Is your pet house/litter trained? Yes No

Is your pet declawed? Yes No

If No was selected, does your pet scratch the furniture? Yes No

Is your pet afraid of anything? _____

On a scale of 1 to 10, with 10 being very, how energetic is your pet? 1 2 3 4 5 6 7 8 9 10

Is your pet good with cats? Yes No Unknown

If No was selected, **ADDITIONAL INFORMATION MUST BE PROVIDED IN THE SUPPLEMENTAL BEHAVIOUR SECTION PROVIDED**

Is your pet good with dogs? Yes No Unknown

If No was selected, **ADDITIONAL INFORMATION MUST BE PROVIDED IN THE SUPPLEMENTAL BEHAVIOUR SECTION PROVIDED**

Does your pet like to be held? Yes No

Does your pet not like to be touched anywhere? Yes No

If Yes was selected, where? _____

Has your pet ever shown aggression towards people? Yes No

If Yes was selected, **ADDITIONAL INFORMATION MUST BE PROVIDED IN THE SUPPLEMENTAL BEHAVIOUR SECTION PROVIDED**

Has your pet ever bitten anyone? Yes No

If Yes was selected, **ADDITIONAL INFORMATION MUST BE PROVIDED IN THE SUPPLEMENTAL BEHAVIOUR SECTION PROVIDED**

Does your pet have any unusual habits? Yes No

If Yes was selected, please explain: _____

Are you willing to sign the medical records release form so that we may access your pet's medical history? Yes No

If Yes was selected, **PLEASE FILL OUT WAIVER FORM PROVIDED**

Is your pet spayed/neutered? Yes No

If yes was selected, which veterinary clinic was it done at? _____

Does your pet have a microchip and/or a tattoo? Yes No

If Yes was selected, please provide microchip and/or tattoo numbers: _____

Is your pet in good health? Yes No

If No was selected, please explain: _____

Has your pet ever been on any medications? Yes No

If Yes was selected, please list the medications: _____

Does your pet have any reoccurring health issues? (e.g. urinary tract infection) Yes No

If Yes was selected, please explain: _____

Does your pet have a special diet? Yes No

If Yes was selected, please explain: _____

Please provide any additional information which you feel would be helpful to the RHS, or a new owner. This will help us make the best possible match with a new home.

If your pet is adopted can the new owner contact you for more information? Yes No

If yes was selected, please provide contact information:

Name: _____ Phone #: _____

Email: _____

Supplemental Behaviour Information

Thank you for providing this additional information which will assist us in making the best possible match for your pet in a new home. **Please note that it is mandatory for additional information to be provided for the surrender reasons and questions previously indicated.**

Please use the following definitions as a guide when providing information on your pet's behaviour.

Aggression

Hiss: Hiss or swat at the object or person in question with or without claws retracted.

Hunt: Hunting people: crouched body posture with dilated pupils. Advances on the object/person they are stalking.

Growl: Low frequency vocalization

Show Teeth: Vertical retraction of lips to show teeth

Snap: Teeth snap in the air and do not touch skin

Bite: Contact by teeth to skin or clothing with intention to threaten or harm

Inhibited or Controlled Bite: Bite which produces no wound or a superficial wound (scratch/abrasion) with minimal damage and no muscle bruising

Uninhibited or Hard Bite: Full thickness skin wound (puncture/laceration) or muscle bruising causing persistent pain

Attack: Violent bite(s) with severe skin and muscle destruction

Arousal

Soft Mouthing: Contact of teeth causes no discomfort occurring with play signals

Hard Mouthing: Contact of teeth with pressure causing discomfort or pain with no skin break occurring with play signals

Please check the most appropriate response for each question.

Cat Acts Aggressively:	Never	Sometimes	Always
When verbally corrected or punished by a member of the household.			
When toys, bones, or other objects are taken away by a member of the household.			
When bathed or groomed by a member of the household.			
When approached directly by a member of the household while it is eating.			
When food is taken away by a member of the household.			
When stared at directly by a member of the household.			
When stepped over by a member of the household.			
When a member of the household retrieves food or objects by the cat/dog.			

Cat:	Never	Sometimes	Always
Becomes agitated when a member of the household shows affection for another person.			
Becomes agitated when a member of the household shows affection for another animal.			



Request for Release of Medical Records

From: _____
(animal owner - party requesting a copy of medical records)

To: _____
(practice name and address with patient records)

I request that copies or summaries, as required by SVMA bylaws, of the medical records pertaining to my animal(s) named _____ be released to the following veterinary practice by fax, surface mail or by email:

Regina Humane Society Spay and Neuter Clinic

Fax Number of Recipient: 306-545-7661

Email address of Recipient: RHSSpayneuter@reginahumane.ca

I hereby authorize and provide my written consent to this transfer of medical information.

Signature of Owner or Authorized Agent

Date