



# Angel-Paws Inc. Animal Rescue North Queensland

PO Box 119

Thuringowa Central

Queensland Australia 4817

Email: [info@angelpawsinc.com.au](mailto:info@angelpawsinc.com.au) Mobile: 0405 046 521

## Animal Surrender Application Form

### Owner's Details:

Mr / Ms / Miss / Mrs Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email address: \_\_\_\_\_

I'm applying to surrender a:

Adult Cat:

Litter of Kittens  Number: \_\_\_\_\_

Adult Dog:

Litter of Puppies  Number: \_\_\_\_\_

BIN: \_\_\_\_\_

### Animal Details:

Animal's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Breed: \_\_\_\_\_

Sex:  Male  Female Microchipped:  Yes  No Microchip #: \_\_\_\_\_

Desexed:  Yes @ Name of Clinic: \_\_\_\_\_  No  Unsure

Is your pet registered with the local council?  Yes  No Number: \_\_\_\_\_

Where did you get your pet? \_\_\_\_\_

Tell us why you need to surrender your pet:

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Please list the other avenues you have tried to rehome your pet yourself before making the decision to surrender your pet to Angel-Paws Inc.

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**Lifestyle/Home Life:**

Is your animal allowed inside?  Yes  No  Sometimes

Where does your animal prefer to spend most of its time?  Indoors  Outdoors

Where does your animal sleep at night?

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How many hours does your animal spend on his/her own each day?

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Do you have any other animals?  Yes  No

How does your animal react to the following? Tick those that apply and add commentary where necessary.

	Positive	Negative	Unsure	Comments
Unfamiliar Men				
Unfamiliar Women				
Young Children				
Older Children				
Dogs				
Cats				
Birds/Poultry				

Has your animal ever caused injury to a person or animal? Describe the incident:

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**Behaviour and Temperament:**

How active is your animal?  Highly  Moderately  A Little  Unsure

Does your animal like to hunt or chase prey?  A lot  Sometimes  No  Unsure

Does your animal like to be patted/touched?  A lot  Sometimes  No  Unsure



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Does your animal enjoy being picked up/handled?  A lot  Sometimes  No  Unsure

Is there anything specific your animal does not like/ is afraid of/reactive to?

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Does your animal travel well?  Yes  No

Does your animal vocalise excessively?  Yes  No

If yes, when and why? \_\_\_\_\_

Is your animal house-trained?  Yes  No

Is there anything that may cause your animal to be nervous or fearful? How does she/he react?

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## Animal Health:

Is your canine on heartworm prevention treatments?  Yearly Injection  Monthly  Unsure  
You may be required to get your dog tested for heartworm before entering care.

Is your animal on flea, tick and worming treatments?  Yes  No  Unsure

Is your animal up to date with vaccinations?  Yes  No  Unsure

If yes, approximately when? \_\_\_\_\_ (please attach any certification you have)

Does your animal have any medical conditions/history that you are aware of?  Yes  No

If yes, what are the details?

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Does your animal have any past or present injuries? If yes, what are they?

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When was the last date your pet was seen by a vet? \_\_\_\_\_

What was the name and address of the clinic? \_\_\_\_\_

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## Additional Information:

Once Angel-Paws Inc. has received this form completed in its entirety it will be forwarded to the relevant volunteer coordinator. Please wait to be contacted within 72 hours of the form's submission. Completing a surrender form does not mean we will automatically be able to help. We need to consider available foster care placements, finances and any special requirements your animal may need in addition to the animals



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currently in our care. We urge you to continue to look for alternatives - we are a small group and cannot help every animal.

There may be a fee involved in surrendering your animal. This will be discussed further by the relevant coordinator.

## Declaration: Initial Each Item

1.	1. I am the owner of the above-mentioned animal and declare that no other person has any proprietary interest therein.
2.	2. I hereby surrender all rights, title and interest in the said animal to Angel-Paws Inc. and agree that the said animal will become the sole and absolute property of Angel-Paws Inc. which is hereby authorised to hold, sell, destroy or dispose of this animal at its discretion.
3.	3. I am willing to pay the surrender fee as required by Angel-Paws Inc. that goes towards the care of the animal/s.
4.	4. I have completed the relevant microchip 'Change of Ownership' form.
5.	5. I hereby agree to indemnify Angel-Paws Inc. and keep Angel-Paws Inc. so indemnified against all claims (if any), costs and expenses whatsoever arising from any action by any person because of false claims made in this document.
6.	6. I understand that all surrenders are accepted at the discretion of Angel-Paws Inc. and that the decisions made on this matter are final. I realise that the submission of this form in no way obligates Angel-Paws Inc. to take on the animal/s I am attempting to surrender.
7.	7. By signing below, I certify that I am the applicant named in this document and that all of the information provided is accurate and truthful and agree to all of the above terms and conditions.

**Signature of owner/s:**

\_\_\_\_\_

**Name/s:** \_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature Angel-Paws Inc. Representative:**

\_\_\_\_\_

**Name:** \_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_