



Clinton County Humane Society

1301 Apple Lane, Breese, IL 62230

618-526-4500



CCHS Surrender Form

Photo and the most current Vet Records must be submitted with this surrender form to be considered

Dog/Cat _____ Animal's Name _____ Breed _____ Age/DOB _____

Color _____ Sex: M or F Spayed/Neutered Yes / No Microchipped Yes / No

Was this a former adopted CCHS animal? Yes / No Explain: _____

Reason for surrender: _____

Please check all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Good with dogs | <input type="checkbox"/> Crate trained (dog) | <input type="checkbox"/> Used litter box consistently |
| <input type="checkbox"/> Good with cats | <input type="checkbox"/> Afraid of storms | <input type="checkbox"/> Tested for FELV or FIV |
| <input type="checkbox"/> Good with children | <input type="checkbox"/> Food aggressive | <input type="checkbox"/> Pos./Neg. Date _____ |
| <input type="checkbox"/> Completely house trained | <input type="checkbox"/> Toy aggressive | <input type="checkbox"/> Declawed - Front only/All 4 |

*Additional comments can be written on back.

Where does your pet stay: Inside only / Outside only Explain: _____

What Vet(s) used for this animal: _____

What medical concerns does he/she have? _____

Has your pet ever bitten a person/animal before? Yes / No Explain: _____

*By signing below, I acknowledge that I am surrendering my interests in the animal. I recognize that all decisions regarding the disposition of this animal are at the sole discretion of the Clinton County Humane Society. I understand that my pet is not in the CCHS system until it has been officially approved by CCHS.

*I hereby surrender this animal to the Clinton County Humane Society. It is acknowledged that the animal is mine at the time of surrender and for whatever reason; I am no longer able to care for it. I am being as honest and truthful about the information I provide on this form so it will help match this animal with the appropriate foster/new home.

Name (print) _____ Signature _____ Date _____

Address _____ City, State, Zip _____

Phone number(s) _____ or _____

CCHS USE ONLY:

Accepted & Signed by K9 or Feline Office

Date