

LITTER SURRENDER / INTAKE FORM

				Foday's da	te:			
CONTACT IN		TION* s surrendering the litter.	Must have currer	nt legal custo	dy of the litter	in order to surrender.		
First Name:			Last	Name:				
Address:								
City:			Province:		Postal Code	9 :		
Cell Phone:			Alteri	nate #:				
Email:					Home	Work Other Cell		
Please indicate y	our preferre	ed method of contac	ct: Cell #	Alter	nate #] Email		
LITTER INFO	RMATI	DN						
Number of puppie	es/kittens:		Breed:					
Birth date:	Mother's Breed (if known):							
Approx age:			Father's Br	eed (if kno	wn):			
Please fill out the	following to	able for each puppy	/kitten being s	urrendered	d:			
Name	Mark	kings / Coloring	Sex	Spayed I	Neutered	Tattoo / Microchip		
			M F	Yes	No	Tattoo Microchip		
			M F	Yes	No	Tattoo Microchip		
			M F	Yes	No	Tattoo Microchip		
			M F	Yes	No	Tattoo Microchip		
			M F	Yes	No	Tattoo Microchip		
			<u>М</u> Б	Yes	☐ No	Tattoo Microchip		
			<u>М</u> Б	Yes	☐ No	Tattoo Microchip		
			<u>М</u> Б	Yes	No	Tattoo Microchip		
			M F	Yes	No	Tattoo Microchip		
			 Пм ПF	Yes	□No	Tattoo Microchip		
						☐ Tattoo ☐ Microchin		



LITTER BACKGROUND

1) W	here did the litter come from?	Unintention	nal breeding	Found a	s stravs - F	Given by family/friend
[Adopted	iai bi ooanig	Other:		
2) Is	this your first litter? Yes	☐ No		—		
3) H	ow long have you had this litte	er?				
4) W	/hat was the main reason you	got this litte	er?			
5) P	lease tell us why you need to g	give up the	litter:			
•	re you surrendering the mothe If yes, please fill out a separate			es No	ш	
ME	DICAL HISTORY					
1) A	re the puppies/kittens weaned	? 🗌 Yes	☐ No Ag	e weaned a	t:	
2) W	/hat is their current diet (type &	& frequency	y)?			
3) H	as the litter been dewormed?	Yes	☐ No Da	te & Produc	t:	
4) W	hat is the litter's most recent v	accination	history?			
[DA2PPV / FVCRP	Date Vac	cinated:			Not done/unknown
[Kennel Cough / FeLeuk	Date Vac	cinated:			Not done/unknown
	Rabies	Date Vac	cinated:			Not done/unknown
5) If	surrendering kittens, has the I	itter and/or	mother been	tested for:		
[FIV (Feline Immunodeficier	ncy Virus)	Date:		Positiv	ve Negative Unsure
[FeLV (Feline Leukemia Vir	us)	Date:		Positiv	ve Negative Unsure
•	lease tell us about any medica uding history of vomiting, diarr			ent) in the lit	ter, mother	and/or father
7) Pl	lease provide your veterinariar	n's informa	tion:	Date of La	st Visit:	
	Clinic/Hospital Name:					
	Veterinarian:			Phone #:		



HOUSEHOLD HISTORY

1) Please list all people, and their ages, who live in the household with the litter:					
2) How long is the litter left alone each day?					
3) When left alone at home, where does the litter stay?					
4) Please describe the litter's living arrangements during the day:					
5) Please describe the litter's living arrangements during the night:					
6) Does the litter have access to going outside? Yes No					
If yes, please explain what this looks like:					
BEHAVIOUR HISTORY					
1) Is the litter housetrained (puppies) or litterbox trained (kittens)?					
2) Where do the puppies/kittens urinate and defecate?					
3) What kind of exercise does the litter get each day, and approximately how much?					
4) What does the litter have to play with / chew on when left alone?					
5) What training has the litter had, if any (ie. on leash, collar, etc.)?					
6) Is the litter frightened by any noise?					
7) Is the litter frightened/nervous around anything else?					
8) Are there areas of a puppy/kitten's body that s/he does NOT like you to touch? Explain how you know.					



9) Does the litter have experience living/interacting with dogs?	Yes No				
If yes, please describe how the litter responds/reacts to dogs:					
10) Does the litter have experience living/interacting with cats?	Yes No				
If yes, please describe how the litter responds/reacts to cats:					
11) Does the litter have experience living/interacting with other an	imals? Yes No				
If yes, please list the animals and how the litter responds/reac	ts to that animal:				
12) Does the litter have any experience with children?	□ No Ages?				
Describe the litter's behaviour when interacting with children:					
13) How does the litter react when visitors come to your home?					
14) How do you correct a member of the litter when s/he does sor	mething wrong?				
15) How much longer can you keep the litter in your home?					
Thank you for completing this					
Submission does not guarantee the Bow Valley SPCA will ac A representative from the Bow Valley SPCA will review your respon					
	NEARC				
OFFICE USE TO BE SIGNED AT THE TIME OF SURRENDER/II					
I, the undersigned, having care and/or control of the above-describe Litter to the Bow Valley SPCA and do hereby release the Bow Valley					
and agents from any liability relating to the Litter. The undersigned understands that the Bow Valley SPCA will					
make reasonable efforts to facilitate the adoption of, or humanely extemperament) at the sole discretion of the Bow Valley SPCA. The Bo	-				
Litter for medical or veterinary experimentation.	Tame, or or the forming y forcase the				
I certify that all statements above are true and correct.					
Signature BVS	PCA Centre Manager Signature				
Name (printed) Sign	ed date				



SURRENDER POLICY & REQUIREMENTS

Please read carefully the Bow Valley SPCA Surrender Policy and Requirements. Individuals wishing to surrender their pet(s) **must** agree for their application to be considered complete.

As the legal owner of the litter I am seeking to surrender, I understand and agree that:

Sig	nature Signed date	
	Bow Valley SPCA at their discretion.	muai.
•	As I have surrendered an animal to the Bow Valley SPCA, they have the right to refuse any future interest in, or application for, adoption of any cats or dogs at the	Initial:
•	Repeated and continual surrender of animals will not be tolerated or accepted by the Bow Valley SPCA.	Initial:
•	It is the decision of the Bow Valley SPCA and the future adopters of my litter, whether or not updates about my litter are provided to me.	Initial:
•	I will not be allowed to visit my litter after it has been surrendered to the Bow Valley SPCA. I understand this is for the mental and emotional well-being of my litter, as it can be confusing for dogs/cats to be surrendered and visited by their former owner.	Initial:
•	Once my litter has been surrendered, I agree I am signing over full ownership and will not have any right of decision making or contact with my litter.	Initial:
•	I have provided true and accurate information in this application, and have provided all medical records available for each member of the litter (and mom if applicable).	Initial:
•	I have pursued alternative options to surrendering my litter, and agree to discuss these with the Adoption Centre Manager as part of my application process.	Initial:
•	The Bow Valley SPCA has the right to refuse my request if they determine that my litter will not thrive in their Centre and/or is dangerous to staff and resident animals. A behaviour assessment may be required for dogs (mom or pups based on age).	Initial:
•	I may be placed on a waitlist, due to the limited capacity at the Bow Valley SPCA.	Initial:
•	Surrender is by scheduled appointment ONLY. The Bow Valley SPCA cannot and will not accept walk-in or day-of surrenders.	Initial:
•	Completion of this Litter Surrender Request form is not an acceptance of my request for surrender, or an agreement by the Bow Valley SPCA to take my litter.	Initial: