



LEGACY PROGRAM FORM **SURRENDER** **FOSTER**

(Completion of this form is not a guarantee of acceptance)

Our Case # _____

Owner's First Name: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Power of Attorney's First Name: _____ Last Name: _____

Power of Attorney's Address _____ City: _____ State: _____ Zip: _____

Do you have the authority to Surrender/Foster Pet? Explain: _____

Owner's Phone : () _____ Power of Attorney's Phone: () _____

Email (Owner): _____ Email: (Power of Attorney) _____

-----TO BE FILLED IN AT TIME OF SURRENDER-----

Owner Admitted to: Hospice Nursing Home Memory Care Assisted Living Rehab Deceased

(Please provide corresponding paperwork to identify which facility the owner has been admitted to or attach Obituary.)

Please print your name (Owner or Power of Attorney) _____ Signature: _____

Pet's Name(s): _____

Breed(s): _____ Marking(s): _____ Pet's Age(s): _____

Is/are Pet(s) Licensed? No Yes— License Number(s) _____

Year(s): _____ Where: _____

Medical Records Attached? Yes No – If No, are they available Yes No— Location of Records: _____

Is/Are Pet(s) Microchipped? No Yes -- # _____

Name of Microchip Registration: _____

Did owner get the Pet(s) from a Rescue or Animal Shelter? No Yes— Name/Location/Date: _____

Does a Rescue/Shelter have any claim to this/these Pet(s)? No Yes— Explain: _____

Is/are Pet(s) : Housebroken Paper-trained Crate/Litter Trained Has accidents

What were/are the wishes of the Pet owner concerning the Pet(s) _____

Does Pet(s) have any medical issues that we should be aware of? _____

I understand I must have Pet(s) up-to-date on shots/veterinary care prior to surrendering. No Yes

Has the Pet ever been aggressive or bitten/scratched anyone or other animal? No Yes— Explain: _____

Is Pet coming directly from the owner/caretaker/ or third party? Explain: _____

Has Pet lived in the same household with other: Dogs Cats Birds Other animal(s): _____

Children-- Ages: _____

Is there anything else you would like to tell us or explain to us? _____

I hereby certify that I am the rightful owner/keeper/caretaker/custodian/executor of the Pet(s) who is/are the subject of this Pet Owner's Surrender/Foster Form, hereinafter referred to as "Pet." If accepted, I hereby surrender any and all property rights to this Pet described.

This is a surrender application. **Please Initial:** _____ This is temporary emergency foster care for my Pet. **Please Initial:** _____

I certify that no other person has a right of property to this Pet. I also certify and attest that there are no outstanding Fees, Penalties, Fines or any other obligations attached to or associated to this Pet and if there are affirm my personal liability to them up to the date of surrender of this Pet to *For The Love Of Paws Senior Pet Sanctuary Inc.* **Please Initial:** _____

I understand that if accepted, by surrendering my property right to this Pet, the Pet will be transferred into the custody of *For The Love Of Paws Senior Pet Sanctuary Inc* who may place the Pet into one of their approved Foster Homes, keep the Pet at their Sanctuary or may adopt into an approved "Forever" home. *(Only if this is a Surrender)* **Please Initial:** _____

I also hereby certify that the animal has not has bitten/scratched a human or another animal within the past 10 days and is under no quarantine, surrender, or court order. **Please Initial:** _____

I understand that once I relinquish the Pet *(Only if this is a Surrender)*, the Pet will not be available to be returned. I further certify that I have read and understand the terms of this Animal Surrender/Emergency Foster Form.

I further Authorize the Examining Veterinarian to provide and discuss any medical issues, concerns or results from past or current physical examinations of this Pet with *For The Love Of Paws Senior Pet Sanctuary Inc.*

Printed Name of **Owner** **Power of Attorney:** _____

Signature: _____ **Date:** _____

FTLOP Representative Name: _____

Signature: _____ Date: _____

Comments: _____

Veterinary Statement of Care/Health

Name of Veterinary Clinic/Hospital/Facility:

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name of Care/Examining Veterinarian and Hospital if different than above:

Please list the Vaccinations Shot Record and Dates for the Pet(s) or attached medical records (*must be current*):

Please list the Health/Medical Conditions/Issues of this/these Pet(s) and your statement of Health and/or recommendations:

Heart worm: Negative Positive Date of Test: _____

Parasite: Negative Positive Date of Test: _____

FIV (Feline immunodeficiency virus): Negative Positive Date of Test: _____

FelV (Feline leukemia virus): Negative Positive Date of Test: _____

Any medical conditions or issues that we should be aware of: _____

Signature of Examining Veterinarian: _____ Date: _____