



**LEGACY PROGRAM FORM**    **SURRENDER**    **EMERGENCY 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: \_\_\_\_\_