



Mary S. Roberts Pet Adoption Perpetual Pet Program
Dog Surrender Form
(Please fill out one form per animal surrendered)
Pet Owner Information

Name (s): _____

Street Address: _____

City/State/Zip: _____

Mailing Address (if different from above): _____

Telephone No: _____

Executor of Estate: _____

Other important contacts: _____

Bequest amount to MSRPAC* (optional information) _____

***Confidential**

Pet Information

(Please attach a photo of pet, if possible)

Name of dog _____

Date of birth _____

Breed _____

Personality _____

Where/when did you acquire this cat? _____

Likes and dislikes _____

Fears _____

Medical problems _____

Average time alone _____

Where does he/she usually stay during the day? _____

Where does he/she usually sleep at night? _____

Housebroken? Yes No
If no, please explain _____

Indicates need to go by _____

Does he/she get along with other dogs/cats? _____

If not, please explain _____

Get along with dogs? _____

If not, please explain _____

Protects food? Yes No
If yes, explain _____

Has bitten? Yes No
If yes, explain _____

Exposure to children _____ Reaction strangers _____

Destructive behaviors _____

Training _____

Rides well in car? Yes No
If no, explain _____

Type of food/brand fed _____

Any additional information about the pet _____

Please report significant changes regarding this information to the Center's Executive Offices at 951-688-4340 ext 312. You may attach additional information regarding your pet.

Thank you for thinking of Mary S. Roberts Pet Adoption Center