



# GARLAND

Garland Animal Shelter and Adoption Center  
1902 State Highway 66  
Garland, TX 75040  
Office: 972-205-3570

Animal ID: A \_\_\_\_\_

Person ID: P \_\_\_\_\_

## PET INTAKE FORM

We want to do our best to help you and your pet. The City of Garland Animal Services Department is an open admission municipal shelter and by signing this form, you are releasing your pet to Garland Animal Services.

**Please understand that:**

- 1. You must be 18 years old to surrender a pet.**
- 2. You must be the sole owner of the pet.**

**IF WE COULD HELP YOU RESOLVE YOUR ISSUE, WOULD YOU BE INTERESTED IN KEEPING YOUR PET?**

**If you answered "Yes" to the above, please stop filling out the form now and speak to an officer.**

Owner Name:	DOB:	VALID ID#:
Street Address:		
Phone Number:	Secondary Phone Number:	Email Address:

### Pet Information

Name:	Breed:	Color:	Male/Neutered/Female/Spayed	Age:
-------	--------	--------	-----------------------------	------

**REASON FOR SURRENDERING YOUR PET** \_\_\_\_\_

**TELL US WHAT YOU LIKE BEST ABOUT THIS ANIMAL:** \_\_\_\_\_

**LENGTH OWNED?** 3 DAYS / 1 WEEK - 1 MONTH / 2-6 months / 7 MONTHS - 1 YEAR / 1-2 YEARS / 2+ YEARS

**WHERE WAS THIS ANIMAL HOUSED IN THE DAYTIME?** INSIDE / OUTSIDE / BOTH

**WHERE WAS THIS ANIMAL HOUSED AT NIGHT TIME?** INSIDE / OUTSIDE / BOTH

**IS THIS ANIMAL HOUSEBROKEN?** DAY / DAY& NIGHT / PARTIAL / OTHER

**IF OTHER, PLEASE EXPLAIN:** \_\_\_\_\_

**HOW IS THE ANIMAL ON LEASH?** CALM / EXCITED / PULLS / REACTIVE / NEVER BEEN ON A LEASH / OTHER

**IF OTHER, PLEASE EXPLAIN:** \_\_\_\_\_

**WHICH BEST DESCRIBES THE ANIMAL'S OBEDIENCE. GOOD / SOME TRAINING/ NO TRAINING**

**PLEASE CIRCLE ALL THE TRAITS THAT DESCRIBE THE ANIMAL'S BEHAVIOR TOWARDS OTHER ANIMALS: AGITATED/ ATTACKS / BARKS / BITES / CHASES/ COWERS / EATS/ FIGHTS / GROWLS / LICKS / LOVES/ RUNS AWAY**

**OTHER:** \_\_\_\_\_

**PLEASE CIRCLE ALL THE TRAITS THAT DESCRIBE THE ANIMAL'S BEHAVIOR TOWARDS PEOPLE: AGITATED/ ATTACKS / BARKS / BITES / CHASES /COWERS / FIGHTS / GROWLS / LICKS / LOVES/ RUNS AWAY**

**OTHER:** \_\_\_\_\_

**HAS THE ANIMAL EVER BEEN AROUND CHILDREN? YES / NO IF SO, WHAT AGE/S? \_\_\_\_\_**

**PLEASE CIRCLE ALL THE TRAITS THAT DESCRIBE THE ANIMAL'S BEHAVIOR TOWARDS CHILDREN: AGITATED/ ATTACKS / BARKS / BITES / CHASES /COWERS/ FIGHTS / GROWLS / LICKS / LOVES/ RUNS AWAY**

**OTHER:** \_\_\_\_\_

**PLEASE CIRCLE ALL THE TRAITS THAT DESCRIBE THE ANIMAL'S GENERAL BEHAVIOR: JUMPS / DOOR DASHER / CLIMBS / DIGS / ESCAPES / OPENS GATES / DESTRUCTIVE / VERY ENERGETIC / INDEPENDENT / TALKATIVE /COUCH POTATO /**

**OTHER:** \_\_\_\_\_

**PLEASE FEEL FREE TO ADD ADDITIONAL COMMENTS BELOW THAT YOU THINK WOULD BE HELPFUL TO THE SHELTER STAFF OR POTENTIAL ADOPTER:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requesting Eutanasia Reason for request: \_\_\_\_\_

Initial the following:

\_\_\_\_\_ I am the sole owner of the pet and have the authority to surrender the pet.

\_\_\_\_\_ I certify that my pet has not bitten any person in the past ten (10) days.

\_\_\_\_\_ I understand there is no waiting period or evaluation period for owner released pets prior to disposition.

\_\_\_\_\_ I understand that it is the sole discretion of Garland Animal Services if said pet is adopted, transferred, or is not rehomed.

\_\_\_\_\_ I understand that Garland Animal Services is not required to advertise said animal for adoption nor place said animal up for adoption; and there is no obligation to provide you a status on the pet's disposition.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Officer: \_\_\_\_\_