



WAYWARD PAWS, INC.

ANIMAL SURRENDER FORM
Or
SPAY/NEUTER SUPPORT FORM

Jamesville, NY 13078

Phone: 461-4CAT

Please Print Information

Date: _____ Donation (Suggested Amount \$35): _____

Name (Individual): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

Email Address: _____

Reason animal is being turned over to Wayward Paws, Inc. _____

Description: Color: _____ Breed: _____

Spayed/Neutered: _____ Age/DOB: _____

Declawed: _____ if animal is a pet, name: _____

Habits: _____ Temperament: _____

Vaccine History:

Leukemia/FIV Tested: _____

Contact Info for Vet, if any: _____

By signing this form, the undersigned agrees and understands that said animal is being admitted into the Wayward Paws Shelter Program.

Signature: _____

SPAY /NEUTER SUPPORT:

Date: _____

Procedures: Spayed _____ Neutered _____ Rabies _____ Distemper _____

Combo Tested _____ Flea Treatment _____ De-Worming _____

Clinic Performing Procedure _____

By signing this form, the undersigned agrees to have Wayward Paws spay/neuter said animal.

Signature: _____

Wayward Paws I.D # _____ Wayward Paws Volunteer Initials: _____