



PO Box 42
Stahlstown, PA 15687
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Voluntary Surrender Form

Personal Information:

Name: _____ Date: _____

Address: _____

Contact #: _____ Best Time to contact: _____

Animal Information:

Species: _____ Breed: _____ Spayed/Neutered: Yes No

Vaccinations: _____

Medical Issues: _____

Behavior Issues: _____

Good with Children: Yes No Good with Dogs: Yes No Good with Cats: Yes No

Reason for Surrender: _____

Micro-chipped? Yes No If yes, Micro-chip # _____

Any other info we may need to know: _____

Disclaimer: This form is informational only. If we can accept your animal someone will be in contact with you as soon as possible.

Signature: _____

This form and any photos can be submitted to us at: helpingheartshealingtails@gmail.com