



Georgina Animal Shelter and Adoption Centre

Pet Rehoming Form

26815 Civic Centre Rd., Keswick, ON L4P 3G1

Phone: 905-476-3457 x 3701

Email: animal-control@georgina.ca

Name: _____

Address: _____

Phone number: _____ Email: _____

I am rehoming: Dog Cat

Pets Name: _____

Gender: Male Female

Breed: _____

Colour/markings: _____

Date of birth/age: _____

Neutered/spayed: Yes No

Where did you get this pet from: _____

Is there a return contract if from a breeder, rescue or shelter? _____

Are you the first family for this pet? : Yes No

If no, how many previous families? _____

Why are you choosing to rehome this pet:

Have you tried other rehoming options? If yes, what options have you tried?

What vet clinic do you use for this pet: _____

When was your pet last seen by a veterinarian: _____

Do you give us permission to contact your veterinarian: Yes No

Have there been any health concerns with this pet? If yes please

describe: _____

Has the pet ever bitten or showed signs of aggression? If yes, please

describe: _____

Is there any behavioural concerns you are aware of? Yes No

If yes, please describe _____

Where does your pet spend most of it's time? Inside the home, outside in the yard, etc.:

Is this pet house trained? Yes No

Is your pet crate trained? _____

What is your pet's activity level: High Moderate Low

Does this pet have any obedience or behaviour training? Yes No

If yes, please describe what commands your pet knows:

Has your pet lived with other animals? Yes No

What type of exercise routine is your pet used to receiving?

Does your pet have any separation distress or anxiety? If yes, please describe:

Has your pet lived with children? Yes No

If yes what are their ages: _____

How does your pet respond to meeting new people?

Is your pet most comfortable with? Women Men Children

How does your pet respond to meeting other animals?

What brand of food is your pet eating? _____

Dry Food Wet Food Both

How often is your pet being fed? Once a day Twice a day Free Fed

Has this pet bitten or scratched anyone in the past 10 days? Yes No

If there any other information you would like to provide? _____

I declare that I am the legal owner of the pet named above and I relinquish all ownership rights for the pet described above to the Georgina Animal Shelter and Adoption Centre.

Print Name: _____ Signature: _____

Date: _____

Witness name: _____ Signature: _____

Date: _____