The Mission Viejo Animal Services Center will make every attempt to assist you in rehoming your pet. We understand that individuals may find it necessary to surrender their pets due to unexpected life changes or unforeseen circumstances. We understand that this is a difficult decision for you, and we will make every effort to find your pet a new and permanent home. That may mean we will take the dog into our program, or it may mean that we will give you other resources to rehome your pet such as veterinary or rescue referrals.

Acceptance into our program is based on many factors including but not limited to:

- Available kennel space
- General health and overall condition of the pet
- Medical and behavioral history
- Owner’s agreement to return if the animal is unadoptable

After you submit your application, it will be reviewed within 24-48 business hours and our staff will contact you. If the relinquishment application is approved, your pet must pass a temperament evaluation and a health assessment prior to entering into our program. There is also a fee to relinquish your pet. Relinquishment fees are as follows:

<table>
<thead>
<tr>
<th>Animal Type</th>
<th>Resident Fee</th>
<th>Non-Resident Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cats</td>
<td>$25</td>
<td>$100 Unaltered/$60 Altered</td>
</tr>
<tr>
<td>Kittens (under 6 months)</td>
<td>Litter of Kittens: Same as residents</td>
<td></td>
</tr>
<tr>
<td>1 to 2: $25 each</td>
<td></td>
<td>1 to 2: $45 each</td>
</tr>
<tr>
<td>3 or more: $50</td>
<td></td>
<td>3 or more: $90</td>
</tr>
<tr>
<td>Dogs</td>
<td>$45</td>
<td>$100 Unaltered/$60 Altered</td>
</tr>
<tr>
<td>Puppies (under 6 months)</td>
<td>Litter of Puppies: Same as residents</td>
<td></td>
</tr>
</tbody>
</table>

Relinquishment Questionnaire

Name: _____________________________________
Street address: ____________________________ City, State, Zip: ____________________________
Home phone number: (      ) _______ - _______ Cell number: (      ) _______ - _______
Email: ____________________________________

Animal’s name | Type/Breed | Age | Sex | Spayed/Neutered | Licensed |
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Certificate of Sterility required)</td>
<td>(What city/county?)</td>
</tr>
</tbody>
</table>

Why are you no longer able to keep your animal? __________________________________________

Are you the owner of this animal? _______. If not, who is the actual owner? ____________________

If you are not the owner of this animal, the animal owner must complete this form.

How long have you owned this animal? __________________________________________

Where did you obtain the animal from? __________________________________________
**Behavior**

Please describe your animal’s temperament: ____________________________________________________________

Has your animal been around children? ______________________________________________________________
  If yes, describe behavior around children: __________________________________________________________

How does your animal react around strangers? _________________________________________________________
  If your animal is fearful, describe behavior: _________________________________________________________

Has your animal ever been around dogs? _________ If yes, describe behavior: ______________________________
  Please describe the temperament of dogs that your animal prefers: ________________________________

Has your animal ever been around cats? _________ If yes, describe behavior: ______________________________

Has your animal ever bitten or attempted to bite a person? _____________________________________________

Has your animal ever bitten or attempted to bite or attack another animal? _______________________________

Does your animal growl or attempt to bite when you or anyone comes near his/her food or toys?

________________________________________________________________________________________

Is your animal potty trained (for dogs) or litter box trained (for cats)? _________________________________
  If your animal is a male cat: Does your cat spray? _____________________________________________

If your animal is a cat, is your cat allowed outdoors? ________________________________________________

**Medical**

Do you have a current veterinarian? ____ If yes, list name and phone number: ______________________________

Do you have veterinary records for this animal that you can provide? _________________________________

*Please bring ALL veterinary records upon application approval.*

Is your animal current on his/her rabies inoculation? ____ If yes, date of last shot: _________________________

Does your animal have any illnesses or injuries that he/she is or has been treated for? ____________________
  If yes, list illness/injuries: ___________________________________________________________________

Is your animal currently taking any medication? ____ If yes, list medication: ______________________________

If deemed necessary, are you willing to have your animal examined by a veterinarian prior to releasing the
  animal into the custody of the shelter? ___________________________________________________________

Are you aware of the established non-refundable animal relinquishment fee? _____________________________

Are you willing to return and retrieve your animal if he/she is deemed unadoptable while at the shelter?

________________________________________________________________________________________

*I understand that the Animal Services Supervisor will review this questionnaire and that I will be contacted as soon as possible to discuss the relinquishment of my animal. I understand that acceptance is pending a behavioral evaluation and overall appearance of health.*

Signature: ___________________________________ Date: _______________________________
I __________________________ have determined that I am no longer able to care for my dog/cat and agree to relinquish ownership of that animal to the City of Mission Viejo. I understand that in doing so I agree to the following conditions: Please initial each section upon reading

_____ 1. I relinquish all interest in this animal to the City of Mission Viejo and I release the City, its officers and employees from all claims, present and future relating to the disposition of this animal.

_____ 2. I certify that, to the best of my knowledge and belief, this animal has not bitten any animal or person within the past ten (10) days.

_____ 3. I understand and agree that if this animal, at any time, is deemed un-adoptable by the City of Mission Viejo after a minimum of two calendar days (48 hours) that I will retrieve this animal.

_____ 4. I understand that if the City determines that it is in the best interest of the animal to be euthanized I will be given the opportunity to retrieve said animal.

_____ 5. I understand and agree that I will pay a non-refundable animal relinquishment fee, and if I decide to return for this animal or if I am required to claim this animal by Animal Services, I will reimburse all medical expenses incurred while the animal was in the custody of City of Mission Viejo.

_______________________________________       ________________
Owner's Signature                      Date

FOR OFFICE USE

<table>
<thead>
<tr>
<th>Date Rec.</th>
<th>Name of Employee</th>
<th>Date referred to the Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ / /</td>
<td></td>
<td>/ / /</td>
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</tbody>
</table>

Initial each box upon completion.

_____ Copy of driver’s license or California Identification attached to this form.

_____ Questionnaire has been reviewed for completeness

_____ License check completed.                                          Comments:

Animal Owner notified

_____ Approved   _____ Denied   Date ___________

_______________________________________
Animal Services Supervisor