Transfer Request Form

Name of Organization _____ Date _____

Breed of animal _____

Sex ◯ Male ◯ Female Spayed/neutered? ◯ Yes ◯ No

Age _____

Origin of animal ◯ Owner surrender ◯ Stray ◯ Other _____

Reason for surrender (if applicable) _____

Vaccinated? ◯ Yes ◯ No

Date of most recent vaccines _____

Known medical or issues (if any) _____

Is the animal under medical treatment? ◯ Yes ◯ No

If yes please describe any all treatments/medications prescribed: _____

Are there any known behavior issues? ◯ Yes ◯ No

If so please detail: _____

Reason for transfer request: _____

*Please attach a copy of most recent behavior evaluation
*Please attach a copy of the animal's medical file

If after medical and behavioral testing, the above animal is considered not eligible for our adoption programs here at the Montreal SPCA, do you wish to commit to recuperating the animal? ◯ Yes ◯ No

If an animal is considered an unsuitable candidate for our adoption program, we here at the Montreal SPCA will do our best to find special placement for said animal. If a rescue organization is not found, it is important to understand that there is a possibility that euthanasia could be considered. Submission of this request form serves as comprehension of this policy.