

**Owner/Guardian Surrender Contract - Mar 19 2017**

Tel.: 714-536-8480 | Fax: 714-536-4541



Orange County Humane Society  
21632 Newland Street  
Huntington Beach, California 92646 USA  
info@ochumanesociety.com  
www.ochumanesociety.com

JUAN GUTIERREZ ESPARZA

Person ID: P27459259  
Tel: [REDACTED] Ext.

**Animal Information**

<b>Animal ID:</b> A34893947	<b>Name:</b> CHUKO	<b>Types:</b> Dog	<b>Gender:</b> Male
<b>ARN:</b> GFC000232	<b>DOB:</b> 3/19/2014	<b>Breeds:</b> Chihuahua, Short Coat Mix	<b>Altered:</b> Yes
<b>Chip #:</b>	<b>Current Age:</b> 3 y 0 m 0 d	<b>Colors:</b> White/Tan	<b>Size:</b> Medium
<b>Type:</b>	<b>Age Group:</b> Adult	<b>Pattern:</b>	<b>Weight:</b>

**OCHS OWNER RELEASE**

**REASON WHY YOU ARE RELEASING THIS PET:**

aggression

**PLEASE INITIAL BY EACH STATEMENT**

I DECLARE UNDER PENALTY OF PERJURY THAT:

JB I AM THE LEGAL OWNER OF THE DESCRIBED ANIMAL AND I AM 18 YEARS OR OLDER

JB I FURTHER CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS SAID ANIMAL, HAS NOT BITTEN ANYONE WITHIN THE LAST 14 DAYS

JB I HAVE DISCLOSED ALL KNOWN MEDICAL AND BEHAVIORAL HISTORY

JB THIS ANIMAL MAY BE PUT TO SLEEP

**BY SIGNING THIS FORM, I RELINQUISH ALL INTEREST THERIN TO ORANGE COUNTY HUMANE SOCIETY AND RELEASE THEM FROM ANY CLAIM, PRESENT OR FUTURE.**

x Juan Gutierrez DATE: 2/19/17



# RABIES VACCINATION CERTIFICATE

AAA Animal Hospital  
21632 Newland Street  
Huntington Beach, CA 92646  
714-536-6537

Juan Guterrez  
[REDACTED]  
[REDACTED]  
[REDACTED]

Chuko  
Canine  
Chihuahua Mix  
3 Yrs. 0 Mos. , Neutered Male  
White and Brown

*Vaccine Name: Rabies 3 yr*  
*Vaccine Type: Killed Virus*  
*Vaccine Producer: Zoetis*  
*Vaccine Lot Number: 139283A*  
*Means of Administration: Subcutaneously*  
*Number of Years: 3*  
*Date Vaccination was given: 3/19/2017*

I hereby certify that the pet described above received the vaccination listed above. This rabies vaccination will expire on:

Thursday, March 19, 2020



Samir Botros, DVM  
12321

# OWNER RELEASE PET INFO

PET'S NAME: Chuko

No one knows and loves your pet the way you do! In order to find the most appropriate home for your pet, please provide as much detail as possible about history, past veterinary care, likes, dislikes, and quirks of your feline friend. Behavioral and medical issues do not necessarily create problems, but failing to disclose them certainly does!

REASON WHY YOU ARE RELEASING THIS PET: he is a little bit aggressive and not friendly to other people

HOW LONG HAVE YOU HAD THIS PET? \_\_\_\_\_ WHERE DID YOU GET IT? \_\_\_\_\_

### PERSONALITY/PREFERENCES

NAME 4 WORDS THAT WOULD BEST DESCRIBE YOUR PET'S PERSONALITY

- 1. playful
- 2. \_\_\_\_\_
- 3. a little bit aggressive
- 4. \_\_\_\_\_

### HOW DID HE/SHE REACT TO...

THE DOORBELL/KNOCKS ON THE DOOR? barks

CHILDREN? not friendly

PEOPLE IN UNIFORM? not friendly

BEING LEFT ALONE? sometimes

CHANGES IN THE HOUSEHOLD? \_\_\_\_\_

OTHER ANIMALS? cats

### NAME 5 THINGS YOUR PET LOVED TO DO THE MOST

- 1. run
- 2. play
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

### PREFERENCES...

- 1. BEING INDOORS  BEING OUTDOORS  ACCESS TO BOTH
- 2. BRAND OF FOOD: pedigree  
 DRY  CANNED  BOTH
- 3. EATING IN THE AM  EATING IN THE PM  EATING AS IT PLEASED
- 4. FOR CATS: TYPE OF LITTER \_\_\_\_\_  
 WENT OUTDOORS

### CIRCLE THE THINGS YOUR PET WOULD NOT TOLERATE/LIKE

- BATHES  BRUSHING/COMBING  NAIL TRIM
- PULLING/PINCHING TAIL  VACUUMS
- EAR CLEANING  CAR TRIPS  FIREWORKS
- THUNDER/LIGHTNING  WATER

DID THIS PET SHOW ANY AGGRESSION/CONFLICTS WITH CERTAIN PEOPLE/THINGS?

WHO/WHAT? he tries to bite them

DESCRIBE THE SITUATIONS: \_\_\_\_\_

HAS THIS PET EVER SCRATCHED/BITTEN ANYONE?

IF YES, WHO AND WHAT WAS THERE AGE? only when he plays but not hard

DESCRIBE THE INCIDENT: \_\_\_\_\_

DOES THIS PET HAVE ANY PARTICULAR HABITS/ROUTINES?

YES  NO

DESCRIBE? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ENVIRONMENT

THIS PET LIVED WITH:

WOMEN ONLY MEN ONLY BOTH
A LARGE FAMILY A SMALL FAMILY LOTS OF VISITORS
ADULTS ONLY OLDER KIDS, AGES: YOUNG KIDS, AGES:
CATS SMALL-BREED PETS LARGE-BREED PETS

WOULD YOU CONSIDER HIM/HER TOLERANT OF YOUNG CHILDREN? YES NO

HOW WOULD YOU DESCRIBE YOUR HOUSEHOLD?

ACTIVE NOISY QUIET AVERAGE

HOW MUCH TIME WAS HE/SHE KEPT OUTDOORS? WHERE IN THE HOUSE DID YOUR PET PREFER TO BE ALL THE TIME?

WHERE IN THE HOUSE DID YOUR PET SLEEP OR WITH WHOM? HOW MANY HOURS WOULD THIS PET SPEND ALONE?

IS YOUR YARD FENCED? YES NO HOW HIGH? HAS YOUR PET ESCAPED? YES NO

HOW FREQUENT? HOW DOES HE/SHE ESCAPE? DIGS UNDER JUMPS OVER OPENS GATE

OTHER:

TRAINING

HAS YOUR PET BEEN ENROLLED IN ANY TRAINING CLASSES? YES NO

WHY?

DID IT HELP?

IS YOUR PET HOUSE TRAINED? YES NO

DID THIS PET HAVE ANY ACCIDENTS IN THE HOUSE? YES NO

HOW FREQUENTLY?

HAS HE/SHE BEEN SEEN BY A DOCTOR FOR IT? YES NO

HAS YOUR PET SHOWN AGGRESSION WHEN....

PETTED ON CERTAIN AREAS WHEN EATING WHEN PLAYING WITH TOYS

FOR NO REASON AT ALL WHEN TAKING AWAY SOMETHING FROM THEM

IS YOUR PET OVER PROTECTIVE? YES NO

EXPLAIN:

IS YOUR PET A GUARD PET? YES NO

EXPLAIN:

DOES YOUR PET KNOW ANY TRICKS?

SIT STAY FETCH NO COME LAY DOWN

OTHER:

OTHER COMMENTS OR ADDITIONAL INFORMATION THAT WOULD HELP WITH MATCHING YOUR PET TO THE RIGHT FAMILY:

[Blank lines for additional comments]

Handwritten 'Semi' and circled 'YES' and 'NO' responses.

OCHS PHYSICAL EXAM

DATE 3/22/17

PERFORMED BY:

- DR. BOTROS
- DR. RIZK
- DR. KIROLOS
- TONY JAIMES
- MARIETT
- BRITNEY
- ROSE
- MIRNA
- ALEJANDRO
- CARLOS
- JOHN
- MAURY
- MADDIE

DOCTOR'S SIGNATURE:

*Sandy Taylor*

PRE-AVAILABILITY  PRE-ADOPTION  EVENT PREP  CHECK-UP  A/C CHECK-UP  OTHER

EXAM TYPE

PETS NAME: Chick CAGE: 53 Age 3 yrs

IMPOUND #: 2323 OCHS #: \_\_\_\_\_ Spayed/Neutered yes

SEX: M  F  M/F/S  U

PRESCRIBED MEDICATION

AMOXI: \_\_\_\_\_ SID/BID/TID/EOD #: \_\_\_\_\_

KEFLEX: \_\_\_\_\_ SID/BID/TID/EOD #: \_\_\_\_\_

OTHER: \_\_\_\_\_ SID/BID/TID/EOD #: \_\_\_\_\_

**Caution!**

*be comm euth*

*P too aggressive*

*& bites*

*cannot be handled*

DESCRIPTION:

*Chick*  
*Wnt Pan*

Annual Visit  Name \_\_\_\_\_

App:  N  AB  Co  N  Y  SN  N  Y  V6  N  Y  BMI  N  AB

HW Test:  +  N  Fecal  N

PV  Y  N  R  H  W  T

Physical Examination

Eyes  N  AB  N  AB

Ears  H & L  M/S  U/G  Skin

Throat  Teeth

Vaccinations Given Today

- DHLP
- FVRCP
- Parvo
- Feline Leukemia
- Corona
- FIP
- Bordetella
- Rabies
- Other: RW 4

Lab Requested:

Urinalysis  CBC  Blood Prolia  T,  Other: \_\_\_\_\_

Problems:

Recommendations:

DENTAL  SKIN SCRAPER  PARVO TEST  BATH/MEDICATED  EUTH  MONITOR ANIMAL  EAR CLEANING  OTHER