



ANIMAL SURRENDER FORM

Date:	Current Location:	Referred By:
Surrender Type:	<input type="checkbox"/> Owner Surrendered	<input type="checkbox"/> Abandoned <input type="checkbox"/> Stray

OWNER / AGENT INFORMATION

Name:	Street:	Apt #:
City, State:	Zip:	County:
Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email:
Preferred Method of Contact:		

ANIMAL INFORMATION

TOTAL # OF ANIMALS:

- | | | | |
|-------------------------------------|------------------|------------|---------------|
| Name: | Breed: | Sex: M/F | Age: |
| Color: | Fixed? Y/N | License #: | Rabies Tag #: |
| Has dog ever bitten anyone?
Y/N | If yes, explain: | | |
| How long have you owned the animal? | Vet records? Y/N | | |
- | | | | |
|-------------------------------------|------------------|------------|---------------|
| Name: | Breed: | Sex: M/F | Age: |
| Color: | Fixed? Y/N | License #: | Rabies Tag #: |
| Has dog ever bitten anyone?
Y/N | If yes, explain: | | |
| How long have you owned the animal? | Vet records? Y/N | | |
- | | | | |
|-------------------------------------|------------------|------------|---------------|
| Name: | Breed: | Sex: M/F | Age: |
| Color: | Fixed? Y/N | License #: | Rabies Tag #: |
| Has dog ever bitten anyone?
Y/N | If yes, explain: | | |
| How long have you owned the animal? | Vet records? Y/N | | |

RELINQUISHING RECEIPT FOR ANIMALS TO CFRL BY OWNER

I acknowledge that my signature on this receipt relinquishes all claims of ownership of the animal(s) described above. Neither my family, any representatives acting on my behalf, nor I may assert present and/or future claims, suits, or otherwise against CFRL with respect to this animal(s). I understand that CFRL will not return this animal to me once left in its care, under any circumstances, unless otherwise approved by CFRL. I am also aware that the animal(s) may be humanely euthanized if behavioral and/or medical problems render the animal(s) unsuitable for adoption.

I acknowledge that my signature on this receipt grants permission to CFRL, or its Agent to enter and remove any and all animals within address described above. Neither my family, any representatives acting on my behalf, nor I may assert present and/or future rights, claims, suits, or otherwise against CFRL with respect to this animal(s). I hereby agree to release, indemnify and hold harmless CFRL, its past, present, and future officers, directors, agents, and employees from and against any and all liability, claims, suits, actions, judgments, costs, fees, including reasonable attorney fees and damages caused by and/or arising out of and/or in connection with this animal(s).

Owner / Agent Signature: _____ Date: _____
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DISPOSITION

The following animals were hereby released to agents of CFRL:

- | | | | | |
|------------|---|--|------------------------------------|------------------------------|
| ANIMAL #1: | <input type="checkbox"/> Release to Adoptions | <input type="checkbox"/> Release to Foster | <input type="checkbox"/> Euthanize | <input type="checkbox"/> Vet |
| ANIMAL #2: | <input type="checkbox"/> Release to Adoptions | <input type="checkbox"/> Release to Foster | <input type="checkbox"/> Euthanize | <input type="checkbox"/> Vet |
| ANIMAL #3: | <input type="checkbox"/> Release to Adoptions | <input type="checkbox"/> Release to Foster | <input type="checkbox"/> Euthanize | <input type="checkbox"/> Vet |