

ID NUMBER:

\_\_\_\_\_  
\_\_\_\_\_



## Animal Surrender Form

Date: \_\_\_\_\_

How many animals? \_\_\_\_\_

1. Species: Canine/Feline/other

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ Size/weight: \_\_\_\_\_

Markings/traits: \_\_\_\_\_ Rabies tag #: \_\_\_\_\_ S/N? \_\_\_\_\_

Microchip number: \_\_\_\_\_ Has the animal ever bitten anyone in the last 10 days? Yes/No \_\_\_

If so, please describe: \_\_\_\_\_

Collar/leash/other items given with the animal: \_\_\_\_\_

Where did you get the animal? \_\_\_\_\_

Why are you surrendering it? \_\_\_\_\_

Vet records given with the animal: \_\_\_\_\_

Any known medical or health issues? \_\_\_\_\_ # of litters: \_\_\_\_\_

Is the dog on any medication? \_\_\_\_\_ Last vet visit? \_\_\_\_\_

2. Species: Canine/Feline/other

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ Size/weight: \_\_\_\_\_

Markings/traits: \_\_\_\_\_ Rabies tag #: \_\_\_\_\_ S/N? \_\_\_\_\_

Microchip number: \_\_\_\_\_ Has the animal ever bitten anyone in the last 10 days? Yes/No \_\_\_

If so, please describe: \_\_\_\_\_

Collar/leash/other items given with the animal: \_\_\_\_\_

Where did you get the animal? \_\_\_\_\_

Why are you surrendering it? \_\_\_\_\_

Vet records given with the animal: \_\_\_\_\_

Any known medical or health issues? \_\_\_\_\_ # of litters: \_\_\_\_\_

Is the dog on any medication? \_\_\_\_\_ Last vet visit? \_\_\_\_\_

3. Species: Canine/Feline/other

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ Size/weight: \_\_\_\_\_

Markings/traits: \_\_\_\_\_ Rabies tag #: \_\_\_\_\_ S/N? \_\_\_\_\_

Microchip number: \_\_\_\_\_ Has the animal ever bitten anyone in the last 10 days? Yes/No \_\_\_

If so, please describe: \_\_\_\_\_

Collar/leash/other items given with the animal: \_\_\_\_\_

Where did you get the animal? \_\_\_\_\_

Why are you surrendering it? \_\_\_\_\_

ID NUMBER:

\_\_\_\_\_  
—

Vet records given with the animal: \_\_\_\_\_  
Any known medical or health issues? \_\_\_\_\_ # of litters: \_\_\_\_\_  
Is the dog on any medication? \_\_\_\_\_ Last vet visit? \_\_\_\_\_

**OWNER/AGENT INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Driver's License number/state: \_\_\_\_\_  
Phone: \_\_\_\_\_

**RELINQUISHING RECEIPT FOR ANIMALS SURRENDERED TO THE RESCUE PROJECT BY OWNER**

I acknowledge that my signature on this document 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 The Rescue Project with respect to this animal(s). I understand that The Rescue Project will not return this animal to me, once left in its care, under any circumstances, unless otherwise approved by The Rescue Project. I am also aware that the animal(s) may be humanely euthanized if behavioral and/or medical problems render this animal(s) unsuitable for adoption. I also hereby certify that the animal has/has not [circle one] bitten or scratched a human or another animal within the past 10 days. I hereby agree to release, indemnify and hold harmless The Rescue Project, 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 and/or in connection with this animal(s).

**OWNER/AGENT SIGNATURE:** \_\_\_\_\_  
**THE RESCUE PROJECT AGENT:** \_\_\_\_\_  
**DATE SIGNED:** \_\_\_\_\_

**DATE ANIMAL(S) TAKEN INTO CUSTODY OF THE RESCUE PROJECT:** \_\_\_\_\_

**OFFICE INFORMATION ONLY (FORM LAST UPDATED OCTOBER 16, 2015)**

**Animals must be held for five days.**