

SURRENDER & RELINQUISHMENT AGREEMENT

Thank you for filling out this agreement.

Name		Date		
Email		Cellphone Home Phone		
Mailing Address				
Physical Address				
City	St	ate	Zip	
I HEREBY CERTIFY THAT I				
•	er/custodian of the animal described linquish (collectively, "relinquish") th		ave unrestricted and complete authority to ersburg Humane Association.	
□ DOG □ CAT □	□ OTHER			
☐ MALE ☐ FEMALE ☐	☐ SPAYED/NEUTERED			
☐ KITTEN ☐ PUPPY ☐	☐ ADULT ☐ SENIOR			
NAME OF ANIMAL SURRENDEREI	D:		BREED:	
COLOR:	AGE:	WEIGHT:	-	
LITTER OF: KITTENS		:	NUMBER OF MALES:	
DOES THIS ANIMAL HAVE ANY M	EDICAL CONDITIONS / SPECIAL NEED:	 S?		
S THIS ANIMAL CURRENT ON VA	ACCINATIONS?			
DOES THIS ANIMAL HAVE ANY VI	ETERINARY RECORDS?			
NAME AND CONTACT FOR VET T	HAT HAS CARED FOR THIS ANIMAL:			
ANY OTHER INFO YOU CAN PROV				



I hereby surrender any and all property rights to the animal. I certify that no other person has a right of property to the animal. I understand that by surrendering my property rights to the animal, the animal may be transferred into the custody of an animal shelter or foster home. 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.

By relinquishing this animal to the Humane Association, I acknowledge and agree that the Humane Association shall have the sole and exclusive legal right to make all decisions, and to take all action, regarding that animal. I hereby acknowledge my understanding of, and agreement with, the following terms and conditions that govern the relinquishment of this animal:

- 1. I understand that once I relinquish the animal, the animal will not be available to be returned.
- 2. If the animal is of suitable health and temperament, it will be placed in the Humane Association's adoption program.

I hereby release the Humane Association and its volunteers, staff, agents and/or representatives from any claims or demands that I have, or may have, that: may be connected with the animal; may arise out of the Humane Association's care of this animal; or may arise out of the Humane Association euthanizing this animal.

I further certify that I have read and understand the terms of this Animal Surrender Form as listed above.

Signature:	
Witness Signature:	
Date:	at Petersburg, State of Alaska