

EXHIBIT IV



Authorization for Animal Release

San Marcos Regional Animal Shelter
750 River Road * San Marcos, TX 78666
(512) 805-2655

Owner Information:

Name: _____ Address: _____
Date of Birth: _____ Driver's License / State: _____
Phone Number: _____ Email: _____

Authorized person to reclaim animals:

Name: _____ Address: _____
Date of Birth: _____ Driver's License / State: _____
Phone Number: _____
Email: _____

Animal(s) to be released (listed by shelter):

Animal ID#: _____	Animal ID#: _____
Animal Name: _____	Animal Name: _____
Species/Breed: _____	Species/Breed: _____
Microchip Number: _____	Microchip Number: _____
Intake Date: _____	Intake Date: _____

Additional animals: list on subsequent page.

I, _____, authorize the San Marcos Regional Animal Shelter to release custody of the animal(s) described above to the person named above, who is over the age of 18 and is authorized to provide care for the animal(s) in my absence. I affirm that I am the legal owner of the animal(s) listed above.

I indemnify, agree to defend, and hold harmless the San Marcos Regional Animal Shelter and the City of San Marcos for any damages that result from the release authorized by this document. I, and the authorized reclaim person, are fully responsible for any damages related to the care, health, transport, and custody of my animal(s) once released from the shelter to the authorized reclaim person.

Printed name of Owner

Signature of Owner

Date