

# 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