



Owner Surrender/ Stray Release Form

INFORMATION OF PERSON RELEASING ANIMAL: (PLEASE PRINT LEGIBLY)

Name: _____ DOB: _____ DL # _____

Address: _____ Email: _____ Phone #: _____

City: _____ State: _____ County: _____ Zip code: _____

Please initial by the correct statement: I own this animal _____ I found it stray _____

ANIMAL INFORMATION:

Animal name (if known): _____ Dog _____ Cat _____ Other: _____

Breed (primary and secondary, if applicable): _____ Age: _____ DOB: _____

Male _____ Female _____ Neutered/spayed: Yes _____ No _____ Unknown _____

Colors/markings: _____ Length of ownership or possession: _____

Microchip #: _____ Microchip company: _____

Implant facility: _____ Phone #: _____

Reasons for surrender by owner: _____

Exact location found (if stray): _____

To the best of your knowledge, has this animal bit anyone in the last 10 days? YES _____ NO _____

If YES, provide details (when, where, circumstances): _____

To the best of your knowledge, does this animal have any other/previous history of being or aggression toward people or animals? YES _____ NO _____

If YES, provide details (when, where, circumstances): _____

If you adopted this animal from a shelter or rescue, which one? _____

Describe any injuries/health issues: _____

Is this animal current on vaccinations? Yes _____ No _____ Vet Clinic: _____

If the animal is to be humanly euthanized, would you like to be contacted? YES _____ NO _____

Please tell us more about this animal; check all that apply:

Friendly _____ Scared _____ Playful _____ Aggressive _____ Sick _____ Injured _____ Rides well in car _____

Has interacted with: Kids _____ Dogs _____ Cats _____ Any Concerns with these interactions? _____

Good on a leash _____ Tried to bite _____ Likes to dig _____ Plays in water _____ Housebroken _____ Escapes _____

Knows commands or tricks _____ Typical environment: Indoor _____ Outdoor _____ Crate trained _____

***Please continue on the back of this page

Please provide additional information and elaborate on anything checked in the previous section:

RELINQUISHING RECEIPT FOR ANIMALS SURRENDERED TO THE CITY OF SAN MARCOS REGIONAL ANIMAL SHELTER

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 demands against the City of San Marcos. I am also aware that the animal(s) may be humanely euthanized if deemed necessary by the City of San Marcos Regional Animal Shelter.

SAN MARCOS CITY ORDINANCE SEC. 6.015 FILING OF FALSE CLAIMS OR REPORTS.

(A) A person commits an offense if he/she knowingly initiates, communicates or circulates a claim of ownership for an animal with an Animal Control Officer that he/she knows is false or baseless.

By signing below, you acknowledge that you have read and understand this form and that you have provided accurate information:

Owner/Presenter Signature: _____

Date: _____

******STAFF USE ONLY******

Animal ID # _____

Kennel # _____

Vaccinations Given: (circle all given) FVRCP DAPPv Bord. Dewormer - dosage given _____

Vaccinated By: _____

Other intake info: (medical concerns, behavior notes, other medication given, etc.).
