



## 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:

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**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.).

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