



Sir's Rescue Rangers

8414 Farm Rd. Suite 180-251

Las Vegas, NV 89131

Phone: 702-513-4422

Owner Release Form

Name _____ Spouses Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Name of Pet _____

Gender _____ Date of Birth _____ Weight _____ Last Vet Visit _____

Spayed/Neutered _____ Microchip # _____

Distinguishing Markings _____

Up to date on Shots Yes / No Do you have Shot Records to Give Yes / No

Name of your Veterinarian _____

Reason for Surrendering Your Pet _____

I/We certify legal ownership of this animal. I/We agree to surrender all rights of ownership of the animal listed herein to Sir's Rescue Rangers. I/We also agree that any outstanding veterinarian bills related to the animal listed herein prior to surrender, is the sole responsibility of the surrendering family. I/We certify of being over the legal age (over 21 Years old)

Signature of Owner _____

Date _____

Signature of SRR Representative _____