



SIGNED: ___

FOCCAS reserves the right to determine this animal's disposition, which may include euthanasia, adoption, transfer to another animal welfare agency or returning the animal to its owner.

LAST NAME	FIRST		A#	K#	
ADDRESS			P#		
CITY STATE ZIP			CHIP# □ NCF		
DL/ID#	DOB 🗆 On File	PHONE	EMAIL		
PET'S NAME (if known)	AGE	BREED	COLOR		
IN TYPE	ANIMAL TYPE	<u>SEX</u>	BITE WITH BROKE	WITH BROKEN SKIN	
□ Stray	□ Dog	☐ Spayed Female	☐ Y – within last 10	within last 10 days	
□ Deceased	□ Cat	□ Female	☐ Y – more than 1	-	
□ Wildlife	□ Rabbit	☐ Neutered Male	\square N	, 0	
☐ Owner Surrender					
**Reason for surrendering	ng your pet:				
If this animal is a stray, characteristic of this animal was found a possession of this animal check all that apply about Apartment Mobile	at a location other that: t the location where yellome park Other	Owner moved an your home address, you found this animal:	☐ Found inside please explain how ☐ Work ☐ Single	☐ Found outside you came to be in family residence	
Please give the exact loca	tion where animal wa	as found:			
I UNDERSTAND STRAY CA	ITS MAY BE RETURNEL	D TO THE LOCATION WI	HERE THEY WERE FO	UND	
				Initials	
☐ YES! I want to adopt the hours of notification or as☐ NO, I am not able to ac	s directed by staff (do			s animal within 24	
CHOOSE ONE					
CHOOSE ONE:☐ I am the rightful owner☐ This pet does not belor☐ This pet was left in my	ng to me AND the ow	ner of this pet is unkno	own to me.	is pet.	
I release FOCCAS, their o expenses, or judgments, animal. I declare under p the best of my knowledg	arising from the acc enalty of perjury th	ceptance, destruction	and/or other disp	osition of this	

DATE:____