



Kindred Tails Sanctuary - Animal Surrender Form

516 Runs Branch Rd, Newington, GA 30446

Phone: 404-317-0744 | Email: vicki@kindredtailssanctuary.org

Owner Information

Full Name:

Phone Number:

Email Address:

Physical Address:

Animal Information

Type of Animal (Cat, Dog, Goat, etc):

Name:

Breed:

Color/Markings:

Sex: ☐ Male ☐ Female

Spayed/Neutered: ☐ Yes ☐ No

Age/DOB:

Microchipped: ☐ Yes ☐ No

Current on Vaccinations: ☐ Yes ☐ No

Medical Issues or Medications:

Behavior Concerns:

Reason for Surrender:

How long have you had this animal?

Where did you acquire this animal?

Veterinary Information



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Veterinary Clinic Name: _____

Veterinarian's Name: _____

Phone Number: _____

Do we have permission to contact your veterinarian? () Yes () No

Consent & Agreement

I, the undersigned, hereby surrender the animal described above to Kindred Tails Sanctuary. I certify that I am the rightful owner or have legal authority to surrender this animal. I understand that once this form is signed and the animal is accepted, I relinquish all rights to said animal and that Kindred Tails Sanctuary may place the animal for adoption, foster, or provide sanctuary care as they see fit.

Signature: _____

Date: _____