House of Second Chances Animal Rescue Owner's Surrender/Release Form

(503)508-4520 Barb Boyd- Founder

Owner's Name: Click or tap here to enter text. Animal's Name: Click or tap here to enter text.

Home Address:		Phone: _	
Breed: Color:	Age: Sex:	Altered: Y / N Microchip #	
Vaccinations Up to Date:	Y / NVeterina	arian:	
Brand and Flavor of Food	d(s) Feeding Times AM I	PM	
For Dogs: Food & feeding	times		
House trained? Y N craf	re trained? Y N Jumps	fences? Y N leash trained? Y N	Barkes excessive? Y N
good with Kids? Y N Good	with cats? Y N good v	with small dogs? Y N good with lar	ge dogs? Y N
Has your dog ever bitten an	other animal or person? Ple	ease explain.	
For Cats: uses liter box?_	good with	other cats?	_
Good with dogs?	declawed?	spayed/neutered?	<u> </u>
Vaccines current?	health is	ssues?	_
lease sign and date:			
•	, ,		that I am the sole owner of this animal, and none other cal on regarding this pet's dangerous or vicious behaviors. The
nformation that I have provided is t	rue and complete. I hereby rele	ease, discharge and agree to hold harmles	s and indemnify House of Second Chances Anima
		gents from all claims, demands, action sition of the above-named animal.	s, causes of action or liability of any kind arising as a
Owner's Signature:		Date:	
Driver lic #	exp date	State	
give House of Second Cha n	nces Animal Rescue permi	ission to provide the new owner or fost	er parent with my contact information, should they

Owner's Signature Date: Note: A copy of your state issued identification must accompany this form.

have any questions about this pet.