



## Norris Ark Training & Recovery Center

### Animal Release to Owner Form

#### Contact Information:

6 Sterling Rd, Norris, MT 59745

Phone: (406) 946-2825

Email: [imsuperspy@yahoo.com](mailto:imsuperspy@yahoo.com)

Website: [NorrisArk.org](http://NorrisArk.org)

#### Owner Information

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Animal Information

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female Spayed/Neutered: \_\_\_ Yes \_\_\_ No

Microchip Requested: \_\_\_ Yes \_\_\_ No

(If yes, Microchip Number: \_\_\_\_\_)

#### Release of Liability

By signing below, I, \_\_\_\_\_ (Owner), acknowledge that I am the legal owner of the animal described above. I agree to release and hold harmless Norris Ark Training & Recovery Center, its staff, volunteers, and affiliates from any and all liability, claims, or damages arising from the release of this animal to me, including but not limited to any injuries, damages, or losses caused by the animal after release.

**Stray Animal Policy and Fees**

Norris Ark Training & Recovery Center provides the following policy for stray animals:

The first visit by an animal as a stray is complimentary.

The second visit will incur a \$50 recovery fee.

The third and any subsequent visits will incur a \$100 recovery fee.

All fees must be paid in full at the time of pickup.

Fee Acknowledgment: I understand and agree to the above fee structure.

Owner Initials: \_\_\_\_\_

**Madison County, Montana Leash and Animal Containment Statutes**

Per Madison County Ordinance No. 2-2007, all dogs must be kept under restraint, defined as being secured by a leash, confined within a vehicle, or confined within the owner’s property. Owners are responsible for ensuring animals do not run at large. Violations may result in fines or impoundment. For full details, refer to Madison County ordinances at the county clerk’s office or website.

Acknowledgment of Statutes: I have read and understand my responsibilities under Madison County’s leash and animal containment laws.

Owner Initials: \_\_\_\_\_

**Owner Certification and Signature**

I certify that I am the legal owner of the animal described above and have the authority to reclaim it. I acknowledge the terms of this release, including the fee policy and compliance with local ordinances.

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Rescue Staff Use Only**

Date of Release: \_\_\_\_\_

Fee Paid (if applicable): \$\_\_\_\_\_

Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_