

OWNER RELINQUISHMENT



Date _____

Time _____ AM / PM

Field Office Adoption Return (w/in 30 days)

Activity # _____

Other _____

Name _____ E-mail _____

Address _____ Phone Number _____

Driver's License or Another Picture ID # _____ Exp Date _____

The Animal is: Normal Injured Sick Feral Nursing Unweaned, without mother

Additional Information: _____

Reason for surrender: _____

If we could assist you in locating resources to overcome your challenge, would you keep your pet?

Yes No Maybe

<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	<input type="checkbox"/> Rabbit	<input type="checkbox"/> Other
Breed _____	Age _____	Microchip? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Color(s) _____			
Animal's Name _____	Gender? <input type="checkbox"/> Male <input type="checkbox"/> Female	Altered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Markings or other features _____			

As the owner relinquishing the described animal:

I am relinquishing this animal and understand that it will be evaluated by the County of Santa Barbara. I understand that the possible outcomes for my animal may be adoption, foster care, transfer to another animal organization or euthanasia.

(Initials)

I certify that I am the lawful owner of this animal and I transfer all rights and title of the above-mentioned animal to Santa Barbara County Animal Services. It is expressly agreed that neither Santa Barbara County or its employees or volunteers will incur any obligation to me on account of any disposition of said animal.

I confirm that to the best of my knowledge, this animal **has not bitten** any person during the past ten (10) days.

(Initials)

Signature: _____ Date: _____

FOR OFFICE STAFF ONLY: Animal ID# _____ Person ID# _____