



City Of Fitzgerald Animal Control Division
OWNER RELINQUISHMENT FORM

OWNER NAME: _____ PHONE NO.: _____

OWNER ADDRESS: _____

OWNER IDENTIFICATION: _____

PET INFORMATION:

Pet's Name: _____ Sex: _____ Species: _____

Age: _____ Breed: _____ Color _____ Coat: _____

TEMPERAMENT: Friendly __ Hyper __ Calm __ Stubborn __ Shy __ Obedient __
ANIMAL LIKES: Cats __ Other Animals __ Children __ Strangers __ Riding in Car __
HAS ANIMAL BEEN: House Pet __ Fenced __ Caged __ Chained __ Loose in yard __
HABITS: House Trained __ Noisy __ Runs Away __ Barking __ Escape Artist __
Use to leash/harness __ Digging __ Destructive __ Jumps on people __

HAS ANIMAL EVER BITTEN A PERSON? YES ___ NO ___ WHEN: _____

MEDICAL HISTORY: Veterinarian _____ Phone No. _____
Spay/Neutered _____ Date of S/N: _____ Date of Birth: _____
Shots: _____ Worming: _____ Heartworming: _____

REASON FOR RELINQUISHMENT:
Stray __ Give up __ Sick __ Injured __ Wild __ Abandoned __
Trapped __ Lost __ Neglect Case __ Bite Case __ OTHER _____

I, _____, certify that I am the sole and legal owner of the animal listed above and hereby surrender animal to the Fitzgerald-Ben Hill County Humane Society. I hereby give full ownership and responsibility as of this _____ day of _____, 20____, and understand animal listed becomes the property of the Fitzgerald-Ben Hill County Humane Society.

I understand that the animal will be screened and evaluated to determine if adoptable. If deemed adoptable, the animal will be placed in program for adoption.

I further understand that animal may be euthanized after a period of seventy-two (72) hours. If animal is found to be ill and/or severely injured the seventy-two (72) hours may waived and euthanasia will be conducted immediately.

I HAVE COMPLETELY READ AND UNDERSTAND THE ABOVE LISTED:

OWNER SIGNATURE: _____ DATE: _____

ANIMAL CONTROL OFFICER: _____ DATE: _____