



# CHEROKEE HUMANE SOCIETY RELINQUISHMENT FORM

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone - Home: \_\_\_\_\_ Cell: \_\_\_\_\_

### Animal Information:

Pet's Name: \_\_\_\_\_ Age/D.O.B: \_\_\_\_\_

Canine: \_\_\_\_\_ Feline: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Has this pet been spayed or neutered? YES NO UNKNOWN

Is this pet current on all vaccinations? YES NO UNKNOWN

PLEASE ATTACH ANY VET RECORDS YOU HAVE.

Veterinarians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Where did you obtain this animal? \_\_\_\_\_

Reason for relinquishment: \_\_\_\_\_

Behavioral Problems? YES NO If Yes, please explain: \_\_\_\_\_

Has this animal ever bitten anyone or shown aggression to people? YES NO

Does this animal play rough or show aggression other animals? YES NO

**Are you able to give a donation to help towards the animals vetting and supportive care while in our program?**

**All donations are tax deductible and very much appreciated!**

**Yes \_\_\_ No \_\_\_ Amount: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ # \_\_\_\_\_ Square/Paypal: \_\_\_\_\_**

DISCLOSURE: BY SIGNING THIS, YOU AS PET OWNER GIVE UP ALL RIGHTS TO THIS ANIMAL, with the exception of any and all summons, law issues and damages caused by the above mentioned animal. You also agree to release any and all paperwork pertaining to said animal (health records, AKC papers etc) to Cherokee Humane Society. AFTER SIGNING THIS DOCUMENT THIS ANIMAL BECOMES THE SOLE PROPERTY OF CHEROKEE COUNTY HUMANE SOCIETY.

Signature of person relinquishing animal \_\_\_\_\_ Date: \_\_\_\_\_

Staff signature witnessing relinquishment \_\_\_\_\_ Date: \_\_\_\_\_