

## ANIMAL SURRENDER FORM

DATE:	
ANIMAL NAME:	NEUTERED DECLAWED OTHER
BREED:	
ACE:	CHIPPED: YES NO IF YES, #:
AGE MICRO	CHIPPED: YES NO IF YES, #:
MEDICATION AND/OR MEDICAL INFORMATION:	
REASON FOR SURRENDER: SURRENDERS' NAME: ADDRESS:	L MEDICAL RECORDS FROM VET?
PHONE NUMBER:	
I HEREBY STATE THAT THE GIVEN INFORMATION FOR THE ABOVE MENTIONED ANIMAL(S) IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE. TO THE BEST OF MY KNOWLEDGE THIS ANIMAL(S) HAS NOT BITTEN OR SCRATCHED ANYONE IN THE LAST 10 DAYS. I UNDERSTAND THAT ONCE I HAVE SIGNED THIS ANIMAL(S) OVER TO THE KERSHAW COUNTY HUMANE SOCIETY, I FORFEIT ALL RIGHTS AND PRIVILEGES OF OWNERSHIP TO THIS ANIMAL(S). I UNDERSTAND THAT A DONATION IS APPROPRIATE TO SURRENDER THIS ANIMAL.  DATE:	
STAFF SIGNATURE:	
<u>Donation</u> AMOUNT:	DATE: THANK YOU FOR YOUR TAX
OTHER:	DEDUCTIBLE DONATION IN THE AMOUNT OF KERSHAW COUNTY HUMANE SOCIETY EIN# 23-7080463
SHELTER STAFF:	THE KERSHAW COUNTY HUMANE SOCIETY IS A NON-PROFIT,