



OWNER RELINQUISHMENT FORM

Pet Owner(s): First Name _____ Last Name _____

First Name _____ Last Name _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____ Other _____

Pet's Name _____ Breed _____ Color(s) _____ Gender ____

Age of Pet _____ Spayed or Neutered _____

Any known illness? _____

To the best of your knowledge has your pet bitten or scratched anyone in the past 10 days?

___ Yes ___ No If yes, explain _____

Why are you surrendering this pet? _____

Terms and conditions:

1. I am the owner of the pet. No other person has any ownership/guardianship rights to this pet.
2. I hereby surrender my pet to The Animal Protectorates ("TAPS") (501 (c)(3)) for disposition at the sole discretion of TAPS.
3. I understand that disposition may be through fostering, adoption or otherwise at the sole discretion of TAPS.
4. I understand that no person will be in contact with me regarding the disposition of my pet, except at the sole discretion of TAPS.
5. I understand that TAPS cannot make agreements or commitments that deviate from what is stated on this release form.
6. I understand that disposition (through foster or adoption or otherwise) may occur immediately after relinquishment.
7. In signing this from I am relinquishing sole ownership of my animal to TAPS and I no longer have any rights to this animal.
8. I hereby authorize the microchip company to transfer ownership to TAPS.

By signing I am agreeing to and understand the terms and conditions of the release form. Further, I am acknowledging that all information I have provided is complete and accurate.

Owner's Signature _____ Date _____

Owner's Signature _____ Date _____

_____ (print) _____ (sign) Date _____

Authorized representative of The Animal Protectorates