



Record # \_\_\_\_\_

# Owner Surrender Agreement

Owner's Name(s) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_

Pet's name: \_\_\_\_\_ Species \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Is your pet spayed or neutered? YES NO      Has your pet bitten and broken skin in the past 10 days? YES NO

Do you wish to be notified if LHS is unable to put your pet up for adoption? YES NO

To the best of my knowledge, all information about the animal given by me to the LHS is true. I understand and hereby certify that: (i) **I am the true and rightful owner of the animal or animals that I have surrendered this day to the LHS,** (ii) **no other person has any right of property in such animal or animals,** (iii) I acknowledge that the animal may be immediately euthanized or disposed of by any of the methods listed in Section 3.1-796.96 C of the Code of Virginia, as amended, and (iv) **I am conveying full and complete right, title and interest in and to the animal or animals to the Lynchburg Humane Society.**

Signature of Owner/prepared by: \_\_\_\_\_ Date of record: \_\_\_\_\_

## ANIMAL CUSTODY RECORD

CASE NO.	CUSTODY DATE					TIME	AM / PM
<b>REASON FOR CUSTODY (mark appropriate box)</b>						<b>LOCATION WHERE CUSTODY WAS TAKEN</b>	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE