

Lynchburg Humane Society Owner Surrender Agreement

Owner's Name(s):			
Address:	City:	State:	Zip code:
Home phone:	Other phon	ıe:	
Pet's Name:	Species:	_ Species: Breed:	
Color/Markings:	Age:	Sex:	Weight:
Is your pet spayed/neutered?	s \square No		
Has your pet bitten and broken skin in t	the last 10 days?	□ Yes □ No	
Do you wish to be notified if LHS is unab	ble to put your pet up f	for adoption? 🔲	Yes 🗆 No
To the best of my knowledge, all information certify that: (i) I am the true and rightful own other person has any right of property in succeuthanized of disposed of by any of the meticity) I am conveying full and complete right, to Society.	ner of the animal or anim ch animal or animals, (iii) hods listed in Section 3.1:	nals that I have surren acknowledge that the -796.96 C of the Code	dered this day to LHS, (ii) no e animal may be immediately e of Virginia, as amended, and
Signature of Owner/prepared by:			Date:
	For Humane Society Use	e Only	
Record/case #			
Date of Custody:		Staff Initials:	