



Animal Relinquishment Form

Please complete the form below - **PRINT OR TYPE** information requested.

Surrender date: _____ Pet name (if any): _____

Species/description: _____

Sex: () Male () Female () Unknown Age: _____ Color: _____

Veterinarian: _____ Date of last visit: _____

Date of last feeding: _____ Date of last shed: _____

Known past or present illnesses or behavior problems:

Relinquishment Donation

() \$50 Healthy Animal () \$100 Requires Medical Attention

() Other _____

AUTHORIZATION TO SURRENDER STATEMENT:

I certify that I am the owner of the animal described above. I verify that I am legally authorized to surrender the animal described above and relinquish all rights and title to this animal to the San Diego Herpetological Society (SDHS) for whatever disposition SDHS deems appropriate. I waive any and all claims for damages against SDHS.

I hereby agree to indemnify SDHS against any claim that I am not authorized to surrender the animal. I hereby authorize the personnel of SDHS to dispose of the animal as they deem appropriate, including adoption, euthanasia, or transfer to another organization.

I understand that providing false information about the ownership of the animal described herein could be considered fraud and would also make me liable to the true owner in the amount of one thousand dollars (\$1,000.00) under Section 31752.2 and 31108.5 of the State of California Food and Agricultural Code.

Name of owner (print): _____

Complete Address of owner (print): _____

Phone number or e-mail address (print): _____

Signature of owner or representative: _____