



# OC Shelter Partners

Shelter Intervention Program

Keeping pets in good homes

Date: \_\_\_\_\_

Counselor: \_\_\_\_\_

Rescue: \_\_\_\_\_

## OWNER RELINQUISHMENT FORM

### OWNER'S INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### PET'S INFORMATION

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Years Owned: \_\_\_\_\_

Gender:  Female  Male Spayed/Neutered:  No  Yes Weight: \_\_\_\_\_

Microchip:  No  Yes # \_\_\_\_\_ Licensed:  No  Yes

Where did you obtain this pet? \_\_\_\_\_

Is your pet housetrained?  Yes  No Where does your pet live?  Inside  Outside  Both

Has your pet been around children?  Yes  No If yes, what ages? \_\_\_\_\_

Other pets in home: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_ Phone number: \_\_\_\_\_

Medical or behavior problems: \_\_\_\_\_

To the best of your knowledge, has your pet bitten or scratched anyone in the past ten days?  No  Yes

If yes, please explain: \_\_\_\_\_

Reason for surrendering: \_\_\_\_\_

By signing below, I state that I am the owner of this pet and no other person has any ownership/guardianship rights to this pet. I understand that once I relinquish this animal, the animal will not be available to be returned. I am relinquishing sole ownership of my animal to OC Shelter Partners effective immediately. The animal will belong to OC Shelter Partners and disposition will be at their discretion. Further, I am acknowledging that all information I have provided is complete and accurate.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_