



Statement of Surrender

Phone: 715-344-6012 / Fax 715-344-5954

Date: _____ Time: _____ Admitted by: _____ A&D: _____

Reason for Surrender: _____

Species: Dog Cat Other: _____

Pet's Name: _____ Breed: _____

Color: _____ Sex: MALE FEMALE Spayed/Neutered: YES NO NOT SURE

Age: _____ Current on vaccinations: YES NO NOT SURE

Name of Veterinary Clinic this pet has visited _____

Please read and initial the following statements:

_____ I certify that I am the legal owner of this animal, and that I am giving up all rights to this animal.

_____ I understand that once I surrender my pet I cannot visit the pet at the shelter.

_____ I understand that I can call and check on my surrendered pet, but once the pet is surrendered I am no longer the owner. The shelter will not give any information on the pet that would be considered confidential.

_____ I am relinquishing this animal voluntarily; my right to reclaim the animal lies within the sole discretion of the Humane Society of Portage County (HSPC).

_____ HSPC does not guarantee to find this animal a home, nor the length of time it will be held for adoption.

_____ I understand that the shelter is an adoption guarantee facility. As an adoption guarantee facility the shelter will hold on to healthy and safe animals until a home is found.

_____ I certify that the animal has not bitten anyone within the last 10 days.

_____ I certify that the animal has not bitten anyone.

_____ I would like to donate \$_____ to help with the cost of caring for my pet.

Print Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Municipality: _____

Signature: _____