

# Forsyth County Sheriff's Office

SHERIFF  
TED PAXTON



CHIEF DEPUTY  
J. ROBERT HAMRICK

COMPLAINT # \_\_\_\_\_

CAGE # \_\_\_\_\_

Number of Animals \_\_\_\_\_

## OWNER RELEASE FORM

Owners Name \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ Zip \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S. # \_\_\_\_\_ D.L. # \_\_\_\_\_

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other (specify) \_\_\_\_\_ Breed \_\_\_\_\_

Sex (circle) Male or Female Age \_\_\_\_\_ Color \_\_\_\_\_ Marking \_\_\_\_\_

Veterinarian \_\_\_\_\_ Clinic \_\_\_\_\_

Last Vet work \_\_\_\_\_ Pet's Name \_\_\_\_\_

(circle appropriate) Neutered / Spayed / Declawed / House broken / Outdoors only / Indoors only  
Good with children / Good with other animals / Animal aggressive / Leash trained / Calm / Hyper  
Fence jumper / Crate trained / Litter box trained Current on vaccinations: YES NO

Reason for giving up ownership \_\_\_\_\_

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner, of animal described above, that I do hereby give Forsyth County Animal Control, their agents, staff, or representatives full and complete authority to destroy and dispose of said animal in a humane manner and hereby release Forsyth County Animal Control from any and all liability for so destroying the said animal.

I understand the said animal may be euthanized (put to sleep) immediately upon my release of animal to Forsyth County Animal Control, if not considered adoptable because of health reasons, temperament, animal's age, lack of space, or if the animal has bitten someone or another animal, or has a history of biting, or any other reason.

If you have carefully read the information above, and your animal(s) has not bitten a human or another animal within the last ten (10) days or has a history of biting, and you have owned the animal for thirty days or more, you may want to consider the various rescue groups available.

Owner's Signature \_\_\_\_\_

Officer \_\_\_\_\_ Date \_\_\_\_\_