Lincoln-Lancaster Health Department

Animal Control

Surrender Form

Date Received __/__/__ Time ____________ Call No. ______

Reason for Surrender

☐ Bite/Observation ☐ Dead Animal
☐ Bite/Surrender ☐ Wildlife Removal
☐ Court Order ☐ Unwanted Animal/Surrender
☐ Abandoned Animal ☐ Other __________________________

Description of Animal

☐ Dog ☐ Cat ☐ Other __________________________

Breed ___________________ Color ___________________ Sex ______

Name ___________________ License No. ___________ Age ______

Rabies Tag Number/Vet. ______________________ Collar __________________

Printed Name of Owner ________________________

☐ Wildlife Removal Service

☐ I certify that I do not own the animal described above.

☐ I hereby surrender all my interest, if any, therein to Animal Control, and I request that the animal be disposed of as seems advisable in the discretion of Animal Control. It is expressly agreed that said Animal Control, including its officers and employees, will not incur any obligation to me on account of such disposition of said animal. It is agreed that I will pay for all charges/fees resulting for disposal and transportation of the above described animal

☐ I certify that said animal was involved in a bite case on __/__/__, and my liabilities resulting from said bite case shall be my own personal responsibility. In addition, I agree to pay all charges/fees resulting from this bite and observation.

☐ I certify that the owner of the above described animals has abandoned them and will not return for them. I, therefore, authorize Animal Control to remove the said animal/s from this address. Should the owner return for the animal/s within 72 hours, I will be responsible for the payment of all impoundment fees on the animal. I further understand that the animal will be disposed of after 72 hours should the owner not claim the animal/s before that time.

☐ Other __________________________

Date __/__/__ Signature __________________________ DOB __/__/__

Address ______________________________________

Remarks: ______________________________________

Fee for Service $ ____________ ☐ Cash ☐ Check ☐ Waived ☐ To be billed __________________________

_________________________________________ Date __________________________

Animal Control Officer White - Office Yellow - Shelter Pink - Signee

FORM 23-21 7-94