



Lincoln-Lancaster Health Department
**Animal Control
Surrender Form**

Date Received ___/___/___ Time _____ Call No. _____

Reason for Surrender

- | | |
|---|--|
| <input type="checkbox"/> Bite/Observation | <input type="checkbox"/> Dead Animal |
| <input type="checkbox"/> Bite/Surrender | <input type="checkbox"/> Wildlife Removal |
| <input type="checkbox"/> Court Order | <input type="checkbox"/> Unwanted Animal/Surrender |
| <input type="checkbox"/> Abandoned Animal | <input type="checkbox"/> 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/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

Animal Control Officer

Date

White - Office

Yellow - Shelter

Pink - Signee