

DU PAGE COUNTY ANIMAL CONTROL
120 N. COUNTY FARM ROAD
WHEATON, IL 60187
PHONE: 682-7197

STATEMENT OF SURRENDER

Date Received _____ Ready Date _____ Shelter Tag No. _____

Dog _____ Cat _____ Other _____ Male _____ Female _____

Breed _____ Color _____ Name _____

Age of Animal _____ Rabies Tag No. _____ Year _____

Shots and Medical History (if known) _____

Name and Address of Person Surrendering Animal(s):

I request to have animal
euthanized.
Signature:

I certify that I DO / DO NOT own the animal(s) described above and I hereby surrender all my interest, if any, to the DuPage County Animal Control.

NOTICE! READ BEFORE SIGNING

I CERTIFY THAT SAID ANIMAL(S) HAS / HAS NOT BITTEN ANY ANIMAL OR HUMAN IN THE PAST 10 DAYS.

I UNDERSTAND THAT THE ANIMAL MAY BE PUT UP FOR ADOPTION OR MAY BE PUT TO SLEEP, DEPENDING UPON ITS AGE, HEALTH, TEMPERAMENT OR LACK OF ADEQUATE KENNEL SPACE.

I UNDERSTAND THAT EMPLOYEES OF ANIMAL CONTROL HAVE NO AUTHORITY TO PROMISE THAT THIS ANIMAL WILL BE ADOPTED OR MAKE ANY PROMISE OR GUARANTEE OTHER THAN WHAT IS STATED IN THIS FORM.

Signature of Person Surrendering Animal(s) _____

Phone Number _____ Drivers License Number _____

Date of Birth _____ Animal Shelter Personnel _____

Disposition of Animal(s): Adopted Reclaimed Euthanized

Date _____