

Animal Surrender Form

NPO-133-448



This document serves to confirm that the following person surrenders the animals listed below into the care of Fallen Angels. Fallen Angels will assume full responsibility for the animal(s), including medical treatment, food and shelter. Fallen Angels will find a suitable, permanent home for the animal(s).

Details of person surrendering the animal(s)	
Name and Surname	
Address	
Phone number	
E-mail Address	
ID Number	

Details of animal(s) being surrendered			
Number of animals			
	ANIMAL # 1	ANIMAL # 2	ANIMAL # 3
Admission type	<input type="checkbox"/> Stray <input type="checkbox"/> Surrender <input type="checkbox"/> Confiscate <input type="checkbox"/> Abandoned	<input type="checkbox"/> Stray <input type="checkbox"/> Surrender <input type="checkbox"/> Confiscate <input type="checkbox"/> Abandoned	<input type="checkbox"/> Stray <input type="checkbox"/> Surrender <input type="checkbox"/> Confiscate <input type="checkbox"/> Abandoned
Name of animal			
Breed			
Type of animal	<input type="checkbox"/> Canine <input type="checkbox"/> Feline	<input type="checkbox"/> Canine <input type="checkbox"/> Feline	<input type="checkbox"/> Canine <input type="checkbox"/> Feline
Gender			
Sterilized	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age			
Size			
Microchip number			
Condition of animal			

I hereby certify that I am the rightful owner/keeper/caretaker/custodian of the animal(s) who is/are the subject of this Animal Surrender Form. I hereby surrender any and all rights to the animal. I further certify that I have read and understand the terms of this Animal Surrender Form. The content of this declaration has been explained to me. I understand and I fully concur.

I am aware that Fallen Angels relies on donations to enable them to continue their work helping the public. I can afford to donate R _____ towards the cost of taking this/these animal(s) into their care.

Place _____ Date _____

SIGNATURE of person surrendering the animal(s) _____

SIGNATURE of person receiving animal(s) _____ PRINTED NAME of person receiving animal(s) _____