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| **OWNER INFORMATION**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DL#/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_Main Phone # (Hm/Cell/Wk): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone # (Hm/Cell/Wk): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **ANIMAL INFORMATION**

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| □ Canine□ Feline□ Other \_\_\_\_\_\_\_\_\_\_\_\_ | □ Male□ Female□ Neutered□ Spayed□ Unknown | Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Unique Features \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Collar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ ID Tag \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Microchip: Yes/No Chip # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Where did you acquire animal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of time owned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reason you can no longer keep animal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Does this animal have any medical issues? (If yes please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Please complete additional animal behavior questionnaire provided |
| **ACKNOWLEDGMENTS** *Please read carefully*Has your pet bitten any individual within the last ten (10) days? Has your pet ever bitten a person(s) or animal(s)? Yes/NoIf the answer is yes to either question, please describe the circumstances of the bite(s) and if medical treatment was required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_I, the undersigned do hereby certify that I am over the age of eighteen (18) years and the □ legal owner / □ duly authorized agent for the legal owner, of animal described above.I do hereby surrender, transfer, and release interest and ownership of said animal(s) to Harnett County Animal Services.I hereby understand that a seventy-two (72) hour minimum holding period exists by law and I hereby as owner waive the minimum holding period and acknowledge the surrendered animal referenced herein may be made available for adoption, transferred to a placement partner, or euthanized immediately at the discretion of Harnett County Animal Services. Surrendered animals may be available for placement immediately or euthanasia immediately upon surrender to Harnett County Animal Services, if not considered adoptable because of health reasons, behavior/temperament, or lack of space. It is expressly agreed that neither Harnett County Animal Services nor any of its officers or employees will incur any obligation to me as the result of such disposition. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of owner Date*For Staff use only:*HCAS Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surrender Type: □ Field □ OTC Animal No: \_\_\_\_\_\_\_\_ Scanned for microchip: Y/N Microchip Make/#: \_\_\_\_\_\_\_\_\_\_\_ \*Complete Proof of Ownership on reverse side  |

SURRENDERED ANIMAL PROOF OF OWNERSHIP *(To be Completed by Staff)*

Completed by *(staff name)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following Proof of Ownership was Provided as proof of ownership at the time of surrender for the animal described on the previous page and identified by Harnett County Animal Services with Animal # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. A copy of said proof of ownership indicated below must be attached to this document and placed in the animal’s file.

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| □ Veterinary Records□ Rabies Vaccination Certificate□ Adoption contract from recognized Shelter/Rescue Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Microchip registration information□ Pedigree, DNA, Breed registration papers | □ Pet license registration□ Bill of Sale |
| □ Photo of animal with owner/family |  |  |
| □No Proof of Ownership**\*\*\***  |  |  |
| **AFFIDAVIT OF ANIMAL OWNERSHIP & ACKNOWLEDGMENT OF SURRENDER\*\*\***I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who resides at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the County of \_\_\_\_\_\_\_\_\_\_\_\_, hereby certify the following:1. I understand that any animal I surrender to Harnett County Animal Services (HCAS) will immediately become the property of HCAS and HCAS will have full control over disposition of animal that may include adoption, transfer or euthanasia, and disposition will be made at the discretion of HCAS. \_\_\_\_\_\_\_\_*(initial)*
2. I am surrendering the following animal *(please provide a detailed description, including species, sex, breed, color, age, name etc.)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. I have been the owner of said animal since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(month/year)*
4. I acquired the animal under the following circumstances *(please describe)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. I acknowledge I am owner of said animal and I am not surrendering an animal that I know, or have reason to know, belongs to another individual. \_\_\_\_\_\_\_\_\_ *(initial)*
2. Please identify any veterinarians the animal has seen and list any medications the animal is currently taking. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. If multiple individuals own the animal (i.e. husband-wife; adult child-parent) or might have an ownership interest in the animal, I have their consent to surrender the animal to HCAS. \_\_\_\_\_\_\_\_ *(initial)*
4. I am providing to HCAS for their records the documentation noted above to illustrate ownership of said animal. \_\_\_\_\_\_\_\_\_ *(initial)*

I certify that I am the owner of this animal and I have submitted the aforementioned proof of ownership to HCAS in support of this claim.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Owner Date HCAS Staff Witness Date |