

JRAAR Animal Surrender Form

Owner: _____

Street: _____

City: _____ State: _____

E-mail: _____ Phone Number: _____

Reason for Surrender: _____

Animal's Name: _____

Species: _____ Quantity: _____

Sex: _____ Age/DOB: _____

Where did you get them? _____

Health Problems? _____ Vet Name: _____

*If more than one species is present, please write in information on the opposite side.

I, the undersigned, do hereby certify that I am the owner of the animal(s) described above and do hereby give J&R Aquatic Animal Rescue (JRAAR) full and complete ownership of the above-described animal(s).

I understand that JRAAR will most likely transfer ownership of the above-described animal(s) to another individual through adoption or through transfer to another organization.

I understand that if the animal sustains a life-threatening injury or illness JRAAR may be forced to humanely euthanize the animal(s) to end its suffering if there is no treatment available which will maintain quality of life after consultation with veterinarians.

I also hereby certify that the animal has/has not bitten or scratched a human or another animal within the past 10 days.

I understand that once I relinquish the animal, the animal will not be available to be returned.

The undersigned owner agrees to indemnify and hold harmless JRAAR, their agents and representatives for and against all manner of actions and causes of actions, suits, debts, dues, accounts, bonds, covenants, agreements, judgments, claims and demands whatsoever arising out of or relating to the ownership, placement and/or possession of the Pet. This agreement supersedes all prior discussions, representations, warranties, and agreements of the parties, and expresses the entire agreement between owner and JRAAR, Inc. regarding the matter described above. The parties confirm that no promises, representations, or oral understandings have been made with regard to the Pet or anything else.

Signature

Date

Signature of JRAAR Representative: _____

Date: _____

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Health Problems? _____ Vet Name: _____

Animal's Name: _____

Species: _____ Quantity: _____

Sex: _____ Age/DOB: _____

Where did you get them? _____

Health Problems? _____ Vet Name: _____