



Owner Surrender & Relinquishment—Cat

Owner Name: _____
First Last

Animal Name: _____

Would you like to receive a call if your animal is not a candidate for our adoption program? YES NO

To your knowledge, has this animal bitten anyone within the past ten (10) days? YES NO

If yes, please describe the incident: _____

Please review and sign below acknowledging the following:

- I am the owner of this animal or the owner’s representative acting upon the owner’s consent.
- I understand each service option available to me as explained by a Columbus Humane staff person and I am electing to relinquish all rights and claims for this animal rather than accepting other assistance offered.
- I understand that I will be charged a non-refundable fee of \$10 to admit this animal to the Columbus Humane.
- I understand that the Columbus Humane is a nonprofit organization serving nearly 10,000 animals a year whose mission is to fight animal cruelty, help animals in need and advocate for their wellbeing.
- Animals with illness or contagious disease, animals with age-related problems and animals that pose a health or safety risk to people or other animals and cannot be handled safely are not candidates for the Columbus Humane adoption program and may be humanely euthanized.
- Columbus Humane cannot guarantee adoption or placement of any animal. Sometimes health or behavioral problems present after admission, or our veterinarian/staff discover them upon further examination or evaluation. Animals may also be humanely euthanized if appropriate housing and care are not available, even if the animal appears healthy and behaviorally sound.
- I understand that whether or not this animal is made available for adoption is at the discretion of Columbus Humane and that if I have questions regarding the disposition of this animal, I should ask them now.
- My signature below reflects that I read and understand the above information and that I am releasing all rights and claims for this animal to the Columbus Humane.

Print Name: _____ Signature: _____ Date: _____

For Office Use Only...

Breed: _____ Color: _____ Intake Condition: _____

Age: _____ Sex: M F NM SF Room: B G A H

PetPoint ID: _____ Person PP ID: _____ Staff: _____

Photo ID? Yes No Fee Received: _____ Cash Check Charge