



Washoe County Regional Animal Services
2825 Longley Ln, Suite A, Reno, NV 89502
Office Phone: (775) 353-8900, Dispatch Phone: (775) 322-3647
FAX: (775) 353-8919, <http://www.washoeanimals.com>

Owner Surrender of Animal Form

OWNER INFORMATION

Animal Owner /Authorized Agent of Owner Name _____ Phone _____ Address _____

ANIMAL INFORMATION (Please use one form for each animal)

Animal Name _____ Animal Species (Dog, cat) _____ Breed _____ Gender (Please check one) Male <input type="checkbox"/> Female <input type="checkbox"/> (Please check one if applicable) Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> List all medical or behavioral conditions/concerns: _____ Is this animal under veterinary care? (Please check one) Yes <input type="checkbox"/> No <input type="checkbox"/> Name of your primary veterinarian: _____ Please list any medications animal is currently taking: _____ HAS THIS ANIMAL BITTEN ANYONE IN THE LAST TEN DAYS? (Please check one): YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>
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I, _____, am the legal owner or authorized agent of the owner and am authorized to surrender the above-
(Please print name)
described animal. I authorize the following:

Please initial:

_____ I give permission to Washoe County Regional Animal Services (WCRAS) to take possession of the animal described above.

_____ I hereby transfer ownership of the animal described above to WCRAS and thereby relinquish all rights to said animal. I further agree to hold harmless and indemnify WCRAS and Washoe County against any claim should I be found not authorized to surrender said animal.

_____ I authorize WCRAS to take any action WCRAS deems appropriate in the interest of the animal.

_____ I understand that I am obligated to pay for services as follows:

_____ \$25.00 Surrender Fee _____ \$10.00 Deceased Animal Disposal Fee _____ Other Fee \$ _____

If applicable, please initial:

_____ I give permission to WCRAS, to humanely euthanize the animal, described above. I also understand that WCRAS reserves the right to take any action that is deemed appropriate, to include superseding this euthanasia request.

_____ I give permission to WCRAS, and I have provided WCRAS access to enter my property or vehicle at

_____ to pick up the animal, described above.

_____ If property is a vehicle: Make _____ Model _____ Year _____ Color _____

Owner/Authorized Agent Signature: _____ **Date:** _____

STAFF ONLY

Activity #: A _____ Person ID: P _____ Animal ID: A _____ Microchip/License # _____ Comments _____ Received by _____ Date _____
