

Happy Endings Animal Rescue
happyendingar23@yahoo.com
 P. O. Box 1835 Pinedale, Wyoming 82941
 307-360-6000

RELINQUISHMENT FORM

DATE: _____

This form must be filled out and submitted by the owner before we can accept the pets into our program.

NAME OF ANIMAL _____ **SEX** _____ **AGE** _____

PHYSICAL APPEARANCE:

Species _____ Breed _____ Color _____ Size _____ Weight _____

Spayed/neutered _____ Date(yr) _____ By whom _____

Is this animal microchipped or tattooed? _____ Name of company _____

MEDICAL : Pets must be current on vaccines. A copy of your pets' medical records for the last year are required . Pets will be spayed or neutered when entering our program.

SOCIALIZATION: Does your pet do well with: ___ dogs ___ cats ___ children ___ men ___ women

House trained _____ Crate trained _____ Box Trained _____ allowed to run loose in

neighborhood _____ Do you have a fenced yard? _____ Does this animal howl or bark for no

reason _____ dig _____

Anything else you would like us to know? _____

RELEASE OF VETERINARY RECORDS

Owners Clinic: Name/Animal Doctor _____

Address _____ City _____ State _____ Phone# _____

Name under which pet is listed: _____

I hereby authorize the veterinarian named above to release information about me or my pet to Happy Endings Animal Rescue as necessary to evaluate this application. If veterinarian is out of state the name of the clinic, city and state will help us track down the records.

Owner Signature _____

I, _____ certify that: I/we am/are the sole and legal owners(s) of this animal and herby surrender to H.E.A.R. Pet know as _____; I certify that (a)animal is not in a mandatory municipal stray or quarantine period(b)animal has not bitten anyone in the last 10 days. I hereby turn over full ownership and responsibility as of this date. I understand that this contract is effective immediately from this date; I also understand that with this instrument the pet becomes the property of H.E.A.R. I will make no attempt to reclaim or visit this animal. I understand there will be no further contact with H.E.A.R. or the adoptive home regarding this animal. Relinquishment fee is normally \$100.00 per animal. I am donating \$ _____ toward the care and placement of my pet.

Name of Owner Signature of Owner

Address of owner (physical and mailing) _____

Telephone number(s) of owner Home _____ **Work** _____ **Cell** _____

E-Mail Address (pls print clearly) _____

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HEAR Representative