



Forsyth County Animal Shelter
4065 County Way, Cumming, GA 30028
678-965-7185



ANIMAL SURRENDER AGREEMENT AND RELEASE

Name _____ Contact Number _____

Address _____ City/Zip _____

Animal Description

Dog Cat Other Color _____ Breed _____ Sex _____
(circle)

Name _____ Age _____ Veterinarian _____

Reason for Surrender _____

I am the undersigned and the owner or duly authorized agent for the owner of the animal(s) described above. I understand that, upon my signature, I am relinquishing my/the owner's right of ownership, possession, and custody of the above-described animal(s) to Forsyth County and that the animal will be evaluated by the Animal Shelter staff to determine its suitability for adoption or placement with an approved rescue organization.

I understand that Forsyth County makes no assurance that the animal(s) will be placed for adoption or rescue and that determining factors such as age, temperament, medical conditions or lack of kennel space may necessitate the animal(s) being humanely euthanized. On behalf of myself, the owner (if acting as agent for the owner), and my/his/her successors and assigns, I hereby release and hold harmless Forsyth County, its commissioners, employees, and agents from and for any claims, damages, losses, and causes of action in any way arising from or related to the above animal(s) or the surrender thereof.

I understand that I am required by law to disclose if the animal(s) has/have bitten anyone in the last 10 days.
I understand that if I surrender an animal(s), I cannot adopt from the Forsyth County Animal Shelter for two(2) years.

My signature is my acknowledgement that I have read, understand, and agree to the above guidelines of surrender.

(Signature Agent/Owner)

_____/_____/_____
(Date)