



CEDAR RAPIDS ANIMAL CARE AND CONTROL SURRENDER DOCUMENT

Date: _____ Animal ID#: _____ Rabies: Yes No Tag # _____

Owner's Name: _____ Home Phone: _____ Cell #: _____

Address: _____ City/State: _____ Zip: _____

Animal Information:

Species: Cat Dog Other Age: _____ Breed: _____

Sex: M NM F SF Color/Markings: _____

Animal's Name: _____ House Broken: Yes No

Veterinarian (location of animal records): _____

Reason for surrender: _____

I certify that I legally own the animal(s) identified above (including on any attached lists or sheets) and that no other person has any rights or interests in those animal(s). I acknowledge that my signature on this receipt relinquishes to Cedar Rapids Animal Care and Control (CRACC) all claims of ownership of those animal(s), and any right to information on the disposition of the animal(s) described. I also authorize the release of any veterinary records regarding the animal(s). I understand and acknowledge that CRACC will not return the animal(s) to me once left in its care under any circumstances except upon such terms as are approved by CRACC, and, further, that CRACC has the sole discretion to deny any request for return. I also understand and acknowledge the animal(s) may be humanely euthanized if behavioral, medical and/or other circumstances render the animal(s) unsuitable for adoption.

I hereby agree to release, indemnify and hold harmless the City of Cedar Rapids, CRACC and their past, present, and future officers, directors, agents, employees and volunteers from and against any and all liability, claims, suits, actions, judgments, costs, fees, including any and all attorneys fees and damages caused by and/or arising out of and/or in connection with the animal(s). Neither I nor any member of my family or any representative acting on my behalf may assert against the City or CRACC any present and/or future claims of any nature with respect to the animal(s). I understand and acknowledge that my signature below does not constitute an admission of guilt, nor shall it be construed so as to imply any effect upon CRACC's determinations whether to pursue any civil or criminal enforcement action against me.

I further certify that said animal(s) has (have) not bitten any person or animal(s) during the last 10 days, and to the best of my knowledge has not been exposed to rabies.

Signature of Owner

Date

Signature of CRACC Representative

Date