

# ANIMAL RELEASE TO VETERINARY FACILITY

The below-described animal has been released from care at the Emergency Animal Shelter and will be transferred and cared for by the below named VETERINARY FACILITY.

CONTROL ID # \_\_\_\_\_ LOCATION/PEN# \_\_\_\_\_

ANIMAL DESCRIPTION: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

MEDICAL TREATMENT PROVIDED TO ANIMAL: \_\_\_\_\_

TREATMENT PROVIDED BY: \_\_\_\_\_

NAME OF VETERINARY FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_  
(Business) (Emergency/after hours) (Other)

THE UNDERSIGNED VETERINARY FACILITY HEREBY ACKNOWLEDGES RECEIPT OF THE ABOVE DESCRIBED ANIMAL, AND AGREES TO PROVIDE HUMANE CARE, ADEQUATE SHELTER, AND FOOD TO THIS ANIMAL WHILE IN HIS/HER FOSTER CARE; AND AGREES TO HOLD HARMLESS ALL PERSONS, ORGANIZATIONS, OR GOVERNMENT AGENCIES INVOLVED IN THE RESCUE, CARE, AND SHELTERING OF THIS ANIMAL. THE ANIMAL'S OWNER AGREES TO BE RESPONSIBLE FOR ANY VETERINARIAN, FOOD, OR CARE EXPENSES INCURRED DURING THE FOSTER CARE PERIOD.

VETERINARY FACILITY SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

VETERINARY FACILITY PRINT NAME: \_\_\_\_\_

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER'S PRINT NAME: \_\_\_\_\_

EMERGENCY ANIMAL SHELTER STAFF SIGNATURE: \_\_\_\_\_

STAFF PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**SIGN IN TRIPLICATE.**

COPY TO (circle one):            OWNER            VETERINARY FACILITY            EMERGENCY ANIMAL SHELTER