

SCPR Pet Owner Release Form

By completing this Owner Release Form, you do hereby assert that you are the legal owner, and agree to relinquish any and all interest in the pet listed below. Once this form is completed and you have left said pet in the care of a Second Chance Pet Rescue volunteer, you no longer have control over the care of this pet. You also have no recourse for reclaiming this pet at a later date. Initial here _____

Date: _____ SCPR Identification Number: _____

Owner's Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: () _____ Work: () _____

Name of Pet: _____ Dog ___ Puppy ___ Cat ___ Kitten ___

Breed: _____

Color/Markings _____

Age (estimated): _____ Male _____ Neutered? _____ Female _____ Spayed? _____

Hair: Short _____ Medium _____ Long _____ Indoor _____ Outdoor _____ Housetrained? _____

Dates: Rabies Vaccination: _____ Vaccinations _____ Wormed _____

Are you the original owner of this pet? _____ How long have you had him/her? _____

Reason for relinquishing pet: _____

Has your pet ever bitten anyone, any animal, or shown aggressive behavior at any time?

Be specific _____

Describe any medical conditions or past health-related problems:

Brand of pet food: _____ Feeding schedule: _____

Describe how your pet spent most of his/her time: (Outside, inside, alone, with someone, etc.)

Where did your pet sleep? _____

How does he/she get along with other animals? (Dogs, cats, livestock, birds, etc) _____

How does he/she get along with children? (Infants, toddlers, school age) _____

Is your pet frightened of anything? (Thunder, vacuum, mail carrier, etc) _____

Is your pet used to: Walking on leash _____ Riding in a car _____ Being alone _____

Any type of training? _____ Know any tricks? _____ Favorite toys/games _____

Please list any additional comments below or on the back of the form.

I certify this information to be accurate to the best of my knowledge. I release ownership of my pet to SCPR. I agree to reclaim this animal within 24 hours notice from SCPR. _____ Initial

Signature of owner _____ Date _____

Drivers License Number _____ Date of Birth _____
Signature of SCPR representative _____ Date _____

Second Chance Pet Rescue
(208) 664-4106

PO Box 687
Hayden, ID 83835