

**Date:** \_\_\_\_\_  
**Animal ID:** A \_\_\_\_\_  
**Activity #:** A0 - \_\_\_\_\_  
**Pen #:** \_\_\_\_\_  
**Tag #:** \_\_\_\_\_  
**Staff:** \_\_\_\_\_



3705 Manslick Road  
Louisville, Kentucky 40215  
Phone: (502) 361-1318  
Fax: (502) 363-9742  
Email: animals@loukymetro.org

## OWNER SURRENDER FORM

I certify that I am the legal owner and represent all other owners of the animal described below since \_\_\_\_\_ or I have been caring for the animal since \_\_\_\_\_. **I hereby relinquish all ownership rights to the Louisville Metro Animal Services (LMAS) for immediate disposition by adoption or euthanasia.**

Have you relinquished an animal to this facility before? \_\_\_\_\_ If yes, when \_\_\_\_\_

Owner's Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

*(We MUST see your driver's license or picture ID and a photocopy may be included with this paperwork)*

**If surrendering multiple animals, please continue and complete back of form.**

1- Animal's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Dog  Cat  Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male  Neutered yes \_\_\_\_\_ no \_\_\_\_\_ Female  Spayed yes \_\_\_\_\_ no \_\_\_\_\_

**Has this animal bitten or scratched anyone in the past ten days?** \_\_\_\_\_ If yes was it reported to our Animal Control Division or any medical caregiver? \_\_\_\_\_

Reason for relinquishment: \_\_\_\_\_

Where did you obtain the animal? \_\_\_\_\_

**I understand that I am surrendering my animal(s) to the Metro Government and I understand the animal(s) maybe humanely euthanized if deemed un-adoptable by the staff of the LMAS. I also understand no information will be provided to me about the animal(s). I certify that I am the legal owner and I have no contractual obligation with any agency, organization or individual concerning the animal(s) described herein.**

\_\_\_\_\_  
**OWNER'S SIGNATURE**

\_\_\_\_\_  
**DATE**

2- Animal's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Dog  Cat  Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male  Neutered yes \_\_\_\_\_ no \_\_\_\_\_ Female  Spayed yes \_\_\_\_\_ no \_\_\_\_\_

**Has this animal bitten or scratched anyone in the past ten days?** \_\_\_\_\_ If yes was it reported to our Animal Control Division or any medical caregiver? \_\_\_\_\_

3- Animal's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Dog  Cat  Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male  Neutered yes \_\_\_\_\_ no \_\_\_\_\_ Female  Spayed yes \_\_\_\_\_ no \_\_\_\_\_

**Has this animal bitten or scratched anyone in the past ten days?** \_\_\_\_\_ If yes was it reported to our Animal Control Division or any medical caregiver? \_\_\_\_\_

4- Animal's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Dog  Cat  Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male  Neutered yes \_\_\_\_\_ no \_\_\_\_\_ Female  Spayed yes \_\_\_\_\_ no \_\_\_\_\_

**Has this animal bitten or scratched anyone in the past ten days?** \_\_\_\_\_ If yes was it reported to our Animal Control Division or any medical caregiver? \_\_\_\_\_

5- Animal's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Dog  Cat  Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male  Neutered yes \_\_\_\_\_ no \_\_\_\_\_ Female  Spayed yes \_\_\_\_\_ no \_\_\_\_\_

**Has this animal bitten or scratched anyone in the past ten days?** \_\_\_\_\_ If yes was it reported to our Animal Control Division or any medical caregiver? \_\_\_\_\_

**I understand that I am surrendering my animal(s) to the Metro Government and I understand the animal(s) maybe humanely euthanized if deemed un-adoptable by the staff of the LMAS. I also understand no information will be provided to me about the animal(s). I certify that I am the legal owner and I have no contractual obligation with any agency, organization or individual concerning the animal(s) described herein.**

\_\_\_\_\_  
**OWNER'S SIGNATURE**

\_\_\_\_\_  
**DATE**