

# SOCAL Reptile Rescue & Foster Center

## Animal Relinquishment Form

**Surrender date:** \_\_\_\_\_ **Species:** \_\_\_\_\_

**Sex:** M F Unknown **Age:** \_\_\_\_\_

**Veterinarian:** \_\_\_\_\_

**Location/Phone number:** \_\_\_\_\_

**Known past or present illnesses or behavior problems:** \_\_\_\_\_

\_\_\_\_\_

I certify that I am the owner or custodian of the animal described above. I am authorized to surrender the animal and relinquish all rights and title therein to the SOCAL Reptile Rescue & Foster Center (SRRFC) for disposition as it deems appropriate. I waive any and all claims for damages against SRRFC. If I choose to reclaim the animal before SRRFC has made other arrangements for it, I agree to compensate SRRFC for any costs of care including veterinary treatment. I agree to indemnify SRRFC against any claim that I am not authorized to surrender the animal. I hereby authorize the personnel of SRRFC to dispose of the animal as they deem appropriate, including adoption, euthanasia, or transfer to another organization.

I understand that providing false information about the ownership of the animal described herein would make me liable to the true owner in the amount of one thousand dollars (\$1,000.00) under Section 31752.2 and 31108.5 of the State of California Food and Agricultural Code.

**Name of owner/representative (print):** \_\_\_\_\_

**Address of owner (print):** \_\_\_\_\_

\_\_\_\_\_

**Phone number or e-mail address (print):** \_\_\_\_\_

**Signature of owner/representative:** \_\_\_\_\_

**SRRFC requests a \$20.00 relinquishment fee towards this animal's rescue/rehabilitation program.**