

STRAY ANIMAL SURRENDER FORM

Please note, we ask for a minimum \$25 donation for each stray animal surrendered to help with their initial medical costs.

Rescuers Inforr	mation:		
Name:			
Address:		F-mail Address	
General Informat	ion:		
Shelter arrival dat	te:	Animal ID #	
Gender: M/F	Spayed/ Neutered Y/N	Age:	
Breed:	Colour:	Declawed? Y / N	
What kind of ID d	oes the animal have? Tattoo: _	Microchip:	
History:			
Location animal	was found:		
Date & time the a	nimal was found:		
Did this animal bi			
If yes, please des	cribe incident and if public hea	lth has been notified:	
Medical:			
Has this animal sh	nown any signs of illness or inju	ry? If so, please describe:	

Behavior:				
If you have been caring for this animal for any length of time, please list any behavior traits/issues that may be helpful in placing this animal in a suitable home:				
Was this animal exposed to other animals while in your care? If so, please list species/breed/sex/age and how did they interact together?				
How did this animal interact with people? Friendly Playful Aggressive Please Describe below:				
Diet:				
What brand name of food were you feeding this animal?				
Dry Wet Mixture of both				
Other (please describe):				

Why do we ask for a surrender fee?

The Lac La Biche Regional Humane Society is not government funded & relies on donations & fees to exist. Fees go towards:

- ✓ Providing food & general care
- √ Veterinary care
- √ Spaying/Neutering
- √ Vaccinations
- ✓ Micro chipping
- ✓ Deworming treatment

Guardianship Rights Release

I hereby confirm that the animal being surrendered is a found stray and release any and all guardianship rights and interests in said animal to the Lac La Biche Regional Humane Society to act in his/her best interest henceforth.

Dated at Lac La Biche, Alberta this	day of	, 20	
Name of rescuer (pls print)	Name of Witness (pls print)		
 Rescuers signature	Witnes	s signature	