

AFFIDAVIT FOR POTENTIAL RELEASE

Date: _____

Owner's Name: _____ County: _____

Address: _____ City: _____ State: _____

Phone#: _____ e-mail address: _____

Veterinary: _____ Current on Vaccines: Y / N

Dog's Name: _____ Breed: _____ Color: _____ Sex: _____ Age: _____

Spay/Neutered: Y / N Potential Pregnant: Y / N

License#: _____ County of License: _____

Good with kids ages? _____ Cats: Y / N Dogs: Y/N Other Animals: Y / N

Housebroken: Y / N Crate Trained: Y / N

Any info to help the dog get adopted: _____

Reason for releasing the dog: _____

I, the undersigned, do hereby certify that I am the owner or the duly authorized agent of the owner of the animal described above

I do also certify that to the best of my knowledge that the said animal has not bitten any person or animal and has not been exposed to rabies.

I do hear by swear under the penalties of FALSIFICATION, RC2921.13 all information provided is true and accurate.

The Animal Shelter requires 2 photos of the dog to potentially be surrendered.

The animal shelter requires a copy of you ID to be submitted with this form for consideration of potential intake.

Date: _____

Owner's Signature: _____

Please fill the form out and send it together with the photos and the copy of the ID via email to: darkecountyanimalshelter@gmail.com or drop it off in person at the Darke County Animal Shelter

***** Incomplete forms will not be considered *****