



Northern California Herpetological Society

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 Northern California Herpetological Society (NCHS) for disposition as it deems appropriate. I waive any and all claims for damages against NCHS. If I choose to reclaim the animal before NCHS has made other arrangements for it, I agree to compensate NCHS for any costs of care including veterinary treatment. I agree to indemnify NCHS against any claim that I am not authorized to surrender the animal. I hereby authorize the personnel of NCHS 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:

NCHS requests a tax-deductible donation toward its animal rescue/rehabilitation programs.

Amount of donation: _____ Receipt requested: Yes
No