

Adopted Animal Relinquishment Form

A. General Information *(All fields must be completed)*

Name _____

Address _____ City, State, Zip _____

Home Phone _____ Alternate Phone _____

Email Address _____ Alternate Email _____

B. Animal Information *(All fields must be completed)*

Animal's Name _____ Species _____ Age _____

Breed _____ Color, Markings, Brands, etc _____

Date of Adoption: _____ Date of Return: _____ Adoption Fee: _____

For Horses: Current negative Coggins? (circle one) Yes No

Current Vaccinations? (circle one) Yes No

Please give date & type of vaccines given: _____

Current Deworming : _____

Current Feeding Program: _____

Veterinarian's Name: _____ Phone Number: _____

Reason for Return: _____

I, the undersigned, agree to relinquish all ownership, rights and interest in the above referenced animal to Animal Protection Coalition, Inc.. I certify that no claims or liens exist against said animal to the best of my knowledge. However, if any claims or liens were placed on the animal while in my custody, I assume full responsibility for such and will not hold APC liable. If legal proceedings are initiated against myself or APC arising from my custody or care of said animal, I agree to assume full responsibility and hereby release APC from all liability.

In signing this contract, I attest that I am voluntarily releasing custody of the above referenced animal completely and fully to APC. I understand that in such cases APC policies do not fully address specific or unforeseen situations, APC will determine what is necessary and take such action, to the best of their ability, so as to ensure that the best interests of the animal are met.

This contract supersedes any prior understanding and oral or written agreement between the undersigned adopter and APC. No amendment or variation of this contract shall be effective unless in writing and signed by or on behalf of each of the parties hereto.

Adopter's Signature

Date

APC/IHR Representative Signature

Date