



LEXINGTON COUNTY ANIMAL SERVICES (LEXAS)

ANIMAL SURRENDER / RELEASE

Name of Owner / Custodian _____

Address _____ City/State/Zip _____

Area where animal found _____

Telephone _____ SSN/SCDL#/Other ID# _____

___ Dog ___ Cat ___ Other Breed _____ Sex ___ Age _____

Animals Name _____ Description _____

Has this animal been spayed or neutered? ___ If so what Veterinarian _____

Reason for Surrendering _____

I HEREBY CERTIFY AS FOLLOWS:

To the best of my knowledge this animal(s) has not bitten any person or animal during the past fifteen (15) days and has not been exposed to rabies.

- () I am the owner of the animal(s) being surrendered to LEXAS.
- () The animal(s) being surrendered to LEXAS have been in my custody for ___ days/hours.
- () I am the custodian of the animal(s) being surrendered: I do not have any information as to who the lawful owner may be and I found this animal running at large.

By surrendering this animal(s) to LEXAS, I transfer all of my rights, title, and interest in this animal(s) to LEXAS and relinquish any ownership to this animal(s).

I understand that by surrendering this animal it can be euthanised.

I understand that providing false information on this form is unlawful.

LEXAS Officer Date Signature Owner/Custodian Date