



AFTER-HOURS ANIMAL RELEASE FORM

FOR OFFICE USE ONLY: TO BE COMPLETED BY CITY EMPLOYEE RECEIVING ANIMAL

EMPLOYEE NAME _____ BADGE/EMPLOYEE# _____ PHONE/EXTENSION _____

IMPORTANT: PLEASE VERIFY THE PERSON'S IDENTIFICATION AND THAT ALL APPLICABLE INFORMATION BELOW IN RED HAS BEEN PROVIDED BY THE PET FINDER/OWNER.

TO BE COMPLETED BY PET FINDER/OWNER

NAME			
ADDRESS*			DRIVER'S LICENSE NO.*
			EXP. DATE
CITY	STATE	ZIP	PHONE*

I certify under penalty of perjury that I am: the OWNER of this animal.
 NOT THE OWNER of this animal.
 the CUSTODIAN of this animal.

If you are NOT the owner of the animal that you are turning in, what is the exact location where you found this animal (include City and cross streets)? _____

I relinquish all interest in this animal to the Irvine Animal Care Center. I release the IACC **INITIAL** _____ from any claims, present or future, related to the disposition of this animal, which may include that this animal may be put to sleep.

To the best of my knowledge and belief, this animal HAS HAS NOT bitten another **INITIAL** _____ animal or human within the past fourteen (14) days.

I understand this animal may be put to sleep. **INITIAL** _____

I understand providing false information may result in animal abandonment charges being **INITIAL** _____ filed against me.

SIGNATURE*

DATE

FOR OFFICE USE ONLY: TO BE COMPLETED BY IRVINE ANIMAL CARE CENTER STAFF

BREED _____ COLOR _____ SEX _____
TRACEABLE ID _____ CHAMELEON IMPOUND# _____ ENTERED BY _____