

AFFIDAVIT FOR RELEASE OF OWNERSHIP
 STATE OF OHIO, COUNTY OF GUERNSEY
 (All information must be filled out completely.)

I HEREBY SWEAR OR AFFIRM THAT I AM THE TRUE AND LAWFUL OWNER OF THE ANIMAL(S) DESCRIBED BELOW:

Animal's Name	Breed	Age	Color	Sex
Spayed/Neutered? Yes _____ No _____		Housebroken? Yes _____ No _____		
Good with children? Yes _____ No _____		Good w/ other dogs? Yes _____ No _____		
Rabies vaccine? Yes _____ No _____		Micro chip? Yes _____ No _____		
Good with cats? Yes _____ No _____		Outside or inside dog? _____		
Crate trained? Yes _____ No _____		How long have you owned dog? _____		
Where did you get dog? _____		Owner before you? _____		
Current veterinarian? _____		What name is account in at vet? _____		
What commands or tricks does dog know? _____				
What brand of dog food did you feed? _____ Canned or dry? _____				
If children were in household, what ages? _____				
Comments: _____				

Reason for Surrender: _____

PLEASE PRINT CLEARLY

Name: _____ Phone Number: _____
 Address: _____
 Driver's License (REQUIRED) _____

I knowingly and voluntarily release the above animal to Guernsey County Dog Warden Department. I fully understand and acknowledge that the Dog Warden/Human Officer will have full discretion as to the care of this animal until the animal is adopted or euthanized. Further, I hereby swear or affirm to the best of my knowledge that this animal(s) has not bitten anyone in the last ten days, or that it displays aggressive or viscous tendencies towards people.

I swear or affirm that I have read and understand the statements above, and that I have signed below voluntarily. The information that I have given is true and correct.

Signed: _____ Date: _____

Shelter Number: _____ Intake By: _____