



Collier County

 Public Services Division

 Domestic Animal Services

Owner Surrender Form

Animal ID #: _____
DAS ID#/Initials: ____/____

I certify that I am the owner or authorized representative of the owner of the described animal. I do hereby release all rights of ownership of this animal to Domestic Animal Services for disposition as specified by law. I understand that once the animal is left with Collier County I may not be provided any information about the animal or its disposition.

_____ Name (please print)	_____ Phone Number (please print)		
_____ Address (please print)	_____ City	_____ State	_____ Zip Code
_____ Email Address			
_____ Today's Date	_____ Signature		



_____ Name of Pet	_____ Breed
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____	F <input type="checkbox"/> M <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Animal	Sex Spayed/Neutered? Color(s) Age

Is your pet currently vaccinated against rabies? Yes No _____
Clinic Vaccinated At:

Does your pet have a microchip? Yes No Is the microchip registered in your name? Yes No

Why are you surrendering this pet? _____

Please initial the following:

- _____ I certify that I am the legal owner of this animal as specified in Collier County Animal Control Ordinance and I irrevocably Relinquish all rights of ownership.
Owner means any person having a right of property in an animal, or any person with the right or duty to control an animal, or any person then physically controlling, possessing, harboring or keeping an animal.
- _____ I understand that surrendering a STRAY animal as OWNED is a violation and could result in fees and fines. A stray surrender form is required to be completed.
- _____ I understand that the cost to surrender my animal is \$10.00 at DAS, or \$60.00 to surrender in the field, and is due at time of surrender.
- _____ I understand that DAS cannot guarantee that this animal will be adopted and I further understand that I will not be contacted prior to euthanasia if DAS is unable to adopt this animal.
- _____ I certify to the best of my knowledge, this animal has NOT bitten or scratched a human within the past ten (10) days:
 If so, date of bite or scratch: _____

I would like to leave a tax deductible donation in the amount of \$_____ to help provide care for the animals at DAS.

