

SURRENDER FORM

This document serves to confirm that the following person surrenders the animal(s) listed below into the care of Pit Pals. Pit Pals will assume full responsibility for the animal(s), including medical treatment, food and shelter. Pit Pals will find a suitable, permanent home for the animal(s).

	Detai	ls of person surrer	ndering the animal(s)		
Name and Surname					
Address					
Phone Number					
E-mail address					
	<u>.</u>				
	De	tails of animal(s) I	eing surrendered		
Number of animals					
	ANIMAL	1	ANIMAL #2	ANIMAL #3	
Type of animal					
Name of Animal					
Sex of Animal					
Spayed/neutered					
Age of animal					
Condition of animal					
hereby certify that La	m the rightful owner/l	eener/caretaker/c	rustodian of the animal(s) who is/are the subject o	f this Animal
				at I understand the terms of	
				Pals taking ownership of the	
			•		
DATE		PLAG	PLACE		
IGNATURE of person surrend	ering the animal(s)				
GNATURE of witness		PRIN	PRINTED NAME of witness		
IGNATURE of person receiving	a animal/cl	DDIV	ITED NAME of person receiving	z animal(s)	