Shelter Address:
1527 Route 136
Eighty Four, PA 15330
724-222-PETS
washingtonpashelter.org

Mailing Address:
PO Box 66
Eighty Four, PA 15330
WAHS is a "No-Kill" Shelter
Funded Solely by Private Contributions

ANIMAL RELEASE FORM

Number: _____ Date: _____

Name: _____ Amount: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: Home: _____ Work: _____ Cell: _____

PLEASE READ CAREFULLY BEFORE SIGNING!

☐ I certify that I am the owner/guardian of the animal described and I hereby surrender and transfer all interest, legal and otherwise, therein to the Washington Area Humane Society. In addition, I understand that disposition of said animal(s) is left entirely up to the WAHS and the animal(s) may be destroyed at any time following surrender. I understand that animal(s) surrendered by an owner/guardian may not be returned to them and information regarding disposition of said animal(s) is not available following surrender. In the case of dogs and cats, the undersigned certifies that to the best of his/her knowledge the animal(s) has not bitten any person within the past 14 days. It is expressly agreed that the WAHS will incur no obligation to me on account of such disposition of the animal(s). I understand and agree all the terms described above.

☐ I certify that I am NOT the owner of the animal(s) described below, that said animal(s) is/are being surrendered/admitted as stray(s), and that I have no knowledge of said animal(s) rightful owner/guardian. It is expressly agreed that the WAHS will incur no obligation to me on account of such disposition of the animal(s). I further certify that I have no knowledge of the animal(s) biting any person during the time it/they have been in my custody. I understand and agree to all the terms described above.

Client Signature: _____ WAHS Rep: _____

No of Animals: _____ Species: Dog Cat Other _____ Breed _____

Sex: M M/n F F/s Last Heat

Name: _____ Age: _____ Color: _____

Reason for Surrendering: _____

☐ Good with Children ☐ Good with Animals ☐ Housebroken ☐ Leash Trained Bad Habits _____

Where originally obtained? _____

Medical History: Vaccination Dates: 1st _____ 2nd _____ 3rd _____

Stool Exam: ☐ Negative ☐ Positive Heartworm/FeL V Exam ☐ Negative ☐ Positive Declawed ☐ Yes ☐ No

Illness / Injuries: _____

External Parasites: _____

Comments: _____

Washington Area Humane Society ● PO Box 66, Eighty Four, PA 15330 ● Phone 724-222-PETS

RECEIPT

Number: _____ Date: _____

Name: _____ Amount: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: Home: _____ Work: _____ Cell: _____

For: _____

☐ Donation: ☐ Unrestricted ☐ Designed For: _____

☐ Trap Deposit: Refunds processed in accordance with prevailing policies and documentation

☐ Merchandise: (Describe) _____

☐ Return to Owner: The animal described above has been returned to/reclaim by its former/rightful owner of the amount stated. No refunds are applicable – this serves only as a receipt.