



COASTAL  
HUMANE  
SOCIETY

THE COASTAL HUMANE SOCIETY • 30 RANGE ROAD, BRUNSWICK ME • (207) 725-5051 • WWW.COASTALHUMANESOCIETY.ORG

Initial when animal has CAGE CARD: \_\_\_\_\_

Initial when entered in PET POINT: \_\_\_\_\_

**RELEASE FORM FOR OWNED OR STRAY ANIMAL**

Date: \_\_\_\_\_

Intake #: \_\_\_\_\_

Your Name: \_\_\_\_\_

Animal name (if known): \_\_\_\_\_

Address: \_\_\_\_\_

Type of animal:  Dog  Cat  Bird  Rabbit  Other: \_\_\_\_\_

\_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_

Sex:  Male  Female  Don't know **Color:** \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Possibility of pregnancy?  Yes  No  Unknown

Home phone: \_\_\_\_\_

Spayed/Neutered?  Yes  No  Don't know

Cellular phone: \_\_\_\_\_

Declawed?  Yes  No  Don't know

**If you own this animal, please complete the following:**

Animal date of birth: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

Where did you acquire or find this animal? \_\_\_\_\_

How long have you had this animal in your home or possession? \_\_\_\_\_

Does this animal have any medical issues we should be aware of? \_\_\_\_\_

Why is this animal being surrendered to the Coastal Humane Society? \_\_\_\_\_

Who else can claim ownership of this animal?

Spouse/Partner  Other family member  Tenant  Neighbor  Other: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

**If you DO NOT own this animal, please complete the following:**

Do you know who owns this animal?  Yes  No

Owner's name: \_\_\_\_\_ Owner's Tel.: \_\_\_\_\_

Owner's address: \_\_\_\_\_

OVER

If this is a stray animal, please provide the following information:

Date found: \_\_\_\_\_ Street: \_\_\_\_\_ Town: \_\_\_\_\_

Briefly describe how you found the animal: \_\_\_\_\_

\_\_\_\_\_

How is this animal with:

Dogs: \_\_\_\_\_

Cats: \_\_\_\_\_

Men: \_\_\_\_\_

Women: \_\_\_\_\_

Children: \_\_\_\_\_

Is this animal:

- Shy  Quiet  Friendly  Affectionate  Aloof  Scared  Stressed  Antisocial

Other Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Read and Complete the Following:**

Please be aware that failure to disclose information about prior bite history puts the CHS staff and potential adopters in jeopardy. It also puts you at risk for liability.

To the best of your knowledge, has this animal ever bitten anyone?  Yes  No  I don't know

Date of bite: \_\_\_\_\_ Did the bite break the skin?  Yes  No  I don't know

Was this bite within the past 10 days?  Yes  No

Age of person bitten: \_\_\_\_\_ Please describe the circumstances of the bite: \_\_\_\_\_

\_\_\_\_\_

I, the undersigned, agree that I have answered the questions truthfully to the best of my knowledge. I understand that from this point forward, the Coastal Humane Society (CHS) has legal custody of this animal(s). I release all rights to this animal(s), regardless of any previous ownership on my part. If there are other parties who can claim ownership to this animal(s), I have disclosed their names on this form. I understand that the CHS does not become involved in ownership disputes and will not hold an animal for this form.

In the event that this animal is unfit for placement through adoption and the animal is considered for euthanasia, I would like to be notified.  YES  NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Surrender Donation: \_\_\_\_\_ Staff Signature: \_\_\_\_\_