

St. Martin Humane Society

P. O. Box 64 • Breaux Bridge, LA 70517 • www.stmartinhumane.com

Transfer of Ownership/Release

I, _____, being the sole and rightful owner of the animal described below, hereby forever relinquish all claims to and ownership of said animal to the organization known as St. Martin Human Society (SMHS). I understand that I cannot reclaim an animal once it is in the possession of SMHS.

It is my intent to surrender to SMHS all of my ownership rights and all other interests of any kind pertaining to any animal listed below and that SMHS may place, spay/neuter, or enhance same as it sees fit. I may, however, choose to apply to the organization for adoption of same animal, but I understand that the final decision as to any adoption belongs to SMHS. I agree to give SMHS registration papers, if any, and all medical records available. In addition, I agree to have the mother spayed.

SMHS shall attempt to find any animal listed below a suitable home, but the organization shall not be held responsible for the actions of adoptive or foster families, or of an animal.

I certify that any animal listed below is not vicious and has never shown signs of aggression towards human beings, and certify that same have not bitten anyone within the last ten days. I hereby agree to hold harmless and release SMHS, its members, representatives, and volunteers from any and all claims, suits, damages, liabilities, costs, and causes of action of any kind related to or in any manner connected with any animal listed below.

SMHS agrees to take ownership of and to attempt to find a suitable home for any animal listed below.

Name of Animal: _____ Canine/Feline Sex: _____ Age/DOB: _____ Breed: _____ Rabies Tag #: _____ Microchip Co./#: _____ Short Description-Characteristics: _____ _____
Owner's Full Name: _____ Address: _____ Home Phone: _____ Cell: _____ Work: _____ Email: _____

I have accurately completed this form and all information stated is correct. I understand and agree to the above conditions.

Print Name: _____ Sign: _____ Date: _____