

## SURRENDER OF OWNERSHIP & VETERINARY RECORDS RELEASE AGREEMENT

This agreement is made and entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 20, by and between:

**Surrendering Owner (Current Owner):**

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Adopter (New Owner):**

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**1. Surrender of Ownership**

The undersigned Surrendering Owner hereby relinquishes all rights, ownership, and claims to the following animal:

- **Animal's Name:** \_\_\_\_\_
- **Species/Breed:** \_\_\_\_\_
- **Sex (circle one):** Male / Female | **Spayed/Neutered:** Yes / No / Unknown
- **Color/Markings:** \_\_\_\_\_
- **Approximate Age or DOB:** \_\_\_\_\_

The Surrendering Owner affirms that they are the legal and rightful owner of the above-described animal and that the animal is not subject to any other ownership claims, liens, or encumbrances.

By signing this document, the Surrendering Owner transfers full ownership and responsibility for the animal to the Adopter listed above, effective immediately.

**2. Veterinary Records Release Authorization**

The Surrendering Owner authorizes any veterinary clinic, hospital, or individual holding medical or vaccination records for the animal listed above to release all such records to the Adopter named in this agreement. This release includes but is not limited to records of vaccinations, medical history, diagnoses, treatments, prescriptions, surgeries, microchip information, and spay/neuter documentation.

**Veterinary Provider(s) Used (if known):**

Name/Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_

**3. Acknowledgment**

By signing below, both parties acknowledge and agree that this is a complete and voluntary transfer of ownership. The Adopter assumes full responsibility for the animal's care and welfare going forward. The Surrendering Owner releases all claims to the animal and affirms that all information provided is truthful to the best of their knowledge.

**Signature of Surrendering Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Signature of Adopter:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_