

Animal Turn-In

Effingham County Animal Control Shelter
307 Highway 119 South
Springfield Ga 31329

Date: _____ Time: _____ am/pm Animal ID: _____
Name: _____ License Number: _____
Address: _____ (street) _____ (city) _____ (state)

Type: Stray Abandoned Owner Surrender SDTI Quarantine CIT
Behavior: Friendly Shy/Fearful Wild/Feral Vicious/Aggressive
Species: Dog Cat Other _____
Sex: Male Female Altered
Breed: _____ Color: _____

Stray

Location found: _____

Please check those that apply:

- Collar
 Tags (name/number) _____
 Symptoms of injury/illness _____

Owner turn in:

Reason for surrender:

Age: _____ Date of last vaccination: _____ Vet: _____

Please check those that apply:

- Good with children
 Good with dogs
 Good with cats
 Housebroken

I certify that I do/do not own the animal described above, and I hereby surrender all my interest, if any, to the Effingham County Animal Control Shelter. I request the animal be disposed of as seems advisable in the discretion of the Animal Control Department. It is expressly agreed that said Animal Control Department, including its officers and employees, will not incur any obligation to me on account of such, disposition of said animal. I certify that said animal has/has not bitten any human or other animal within the last fourteen (14) days. Be aware that once an animal has been surrendered to the animal shelter it is at the discretion of the Shelter Manager as to whether the animal will be put up for adoption or euthanized at any time. If you are not comfortable with this policy, we recommend that you do not surrender the animal to us.

Printed Name: _____

Signature: _____

Shelter Staff: _____