

## **Return To Owner**

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

Date: \_\_\_\_\_ Animal ID: \_\_\_\_\_  
Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
Address: \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state)  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Species: Dog Cat Other \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Sex: Male Female Altered

\_\_\_ Proof of ownership provided  
\_\_\_ Up to date on rabies  
Date vaccinated: \_\_\_\_\_

Impound Fee (\$25) \_\_\_\_\_  
Boarding Rate (\$5/day) \_\_\_\_\_  
Quarantine Rate (\$10/day) \_\_\_\_\_  
Rabies Shot (\$15) \_\_\_\_\_  
Total \_\_\_\_\_

**I hereby acknowledge that I am the legal owner of the described animal. I understand that my animal has been housed in an area with other stray animals that are not always healthy and/or non-vaccinated. I agree to hold the Effingham County Animal Control Shelter harmless from any illness or disease that my animal may have contracted while housed at the Effingham County Animal Control Shelter. I understand that there are local ordinances concerning "leash laws" and I agree to abide by same. I understand that pursuant to Georgia law and local ordinances all felines, canines, and ferrets must be vaccinated by a licensed veterinarian for rabies. I understand that a failure to comply with the aforementioned ordinances and laws could result in fines being levied against me by the appropriate authorities.**

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Shelter Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_