



**Seguin Animal Services
809 South River Street
Seguin, TX 78155
830-401-2335**

DATE: ___/___/___

OWNER _____ DOB _____ DL _____

ADDRESS _____ PHONE _____ - _____ - _____

I CERTIFY THAT THE ANIMAL OR ANIMALS BEING RELEASED HAS NOT BITTEN ANY PERSON OR PERSONS IN THE LAST FIFTEEN DAYS AND TO THE BEST OF MY KNOWLEDGE HAS NOT BEEN EXPOSED TO RABIES.

OWNERS INITIALS _____

The undersigned, due hereby certify that I am the owner (duly authorized agent for the owner) of the animal or animals described below, that I do hereby give the City of Seguin Animal Services full and complete authority to adopt or destroy the said animal or animals in whatever manner the City of Seguin Animal Services shall deem fit, and I do hereby and by their presence forever release the said City of Seguin Animal Services from any and all liability for so destroying said animals or animals.

ADOPT/EUTHANIZED _____

EUTHANIZED _____

REASON FOR SURRENDER: _____

BREED _____ COLOR _____ SEX: _____ AGE _____ NAME _____

BREED _____ COLOR _____ SEX _____ AGE _____ NAME _____

BREED _____ COLOR _____ SEX _____ AGE _____ NAME _____

BREED _____ COLOR _____ SEX _____ AGE _____ NAME _____

OWNER _____

WITNESSED BY _____