



**RELEASE FORM – STRAY ANIMALS**

**Owner / Establishment details**

Name of Owner / Establishment Representative: \_\_\_\_\_

Contact Details: Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Address where animal/s are being kept (if different from above): \_\_\_\_\_

**Animal details (1)**

Name: \_\_\_\_\_  Dog  Cat Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  Sterilized

Are the animal's vaccinations up to date?: \_\_\_\_\_ Date of last rabies: \_\_\_\_\_  Vaccination booklet

**Animal details (2)**

Name: \_\_\_\_\_  Dog  Cat Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  Sterilized

Are the animal's vaccinations up to date?: \_\_\_\_\_ Date of last rabies: \_\_\_\_\_  Vaccination booklet

**Animal details (3)**

Name: \_\_\_\_\_  Dog  Cat Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  Sterilized

Are the animal's vaccinations up to date?: \_\_\_\_\_ Date of last rabies: \_\_\_\_\_  Vaccination booklet

**Animal details (4)**

Name: \_\_\_\_\_  Dog  Cat Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  Sterilized

Are the animal's vaccinations up to date?: \_\_\_\_\_ Date of last rabies: \_\_\_\_\_  Vaccination booklet

**Animal details (5)**

Name: \_\_\_\_\_  Dog  Cat Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  Sterilized

Are the animal's vaccinations up to date?: \_\_\_\_\_ Date of last rabies: \_\_\_\_\_  Vaccination booklet

By signing this, I agree to completely relinquish ownership of the above mentioned animal(s) to PATA to do with as they see fit and I realize that this may mean re-homing or euthanasia. I will not hold PATA liable for anything that happens to this animal from the date of release.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_