

SAMPLE FORM

RETURN TO OWNER RECORD

Date in to Program: _____

Date Released: _____ By: _____

Owner name: _____

Released to: _____

Owner's written consent attached if other than owner _____ Yes

Telephone # _____ Address: _____

Name of animal: _____ Type of animal: _____

Breed _____ Description: _____ Age: _____

Male: _____ Neutered: _____ Female: _____ Spayed: _____

Treatment received while in custody:

Feline	Canine
FeLV Test	Heartworm Test
Distemper	Distemper
Rabies	Rabies
Deworming	Kennel Cough Vaccine
Flea Preventative (AWS)	Deworming
	Flea Preventative
	HW Preventative

Additional Treatment received/recommended:

Additional Information:

Signature: _____ Date: _____