



Appointment Time:

*If you are unable to keep your appointment please call 916-782-7722 ext. 0 to reschedule.

Surrender Information

Please check the correct blue box and provide a valid proof of address.

| | |
|--------------------------|-------------------------------------------------------------------------------------------------------------|
| By appointment | |
| <input type="checkbox"/> | ROSEVILLE RESIDENT: \$35 surrender fee for one animal \$100 surrender fee for litter of 3+ |
| <input type="checkbox"/> | PLACER COUNTY RESIDENT: \$50 surrender fee for one animal \$125 surrender fee for litter of 3+ |

It will cost more than \$200 to provide care for this animal. The care your animal could receive may include:

Vaccinations

Medical Tests

Veterinary Medical Care

Spaying or Neutering

Transportation

Grooming

Food & Basic Care

Evaluation & Assessment

Possible Euthanasia

In addition to the surrender fee, we encourage you to consider a tax-deductible donation to help us continue to provide the utmost care for our animals.

Please complete the following information.

Fee: \$ _____

Donation: \$ _____ This amount is tax deductible to the extent allowed by law.

In addition to your receipt, you will receive an acknowledgment in the mail for your donation.)

Total: \$ _____

As owner, or custodian, of the animal described herein, I hereby transfer all right and title of said animal to the Placer SPCA. I further understand and agree that it may be transported to an unaffiliated Shelter Facility at said SPCA's discretion due to health, space, or jurisdictional issues, and/or humanely euthanized if deemed necessary. If I have indicated I would like to know either during or upon completion of the required hold period, this animal is deemed unadoptable, the Placer SPCA will reasonably attempt to notify me. I understand it is ultimately my responsibility to check on the status of this animal during the legally required holding period. It is expressly agreed that neither said SPCA, nor its said Shelter, including Employees of each, shall incur any obligation to provide me an account of the disposition of said animal nor can the Placer SPCA guarantee to hold an animal for redemption beyond the legally required holding period.

To the best of my knowledge and belief this animal has not bitten any person during the fifteen-(15) days preceding this date, unless otherwise noted hereon.

OWNER CUSTODIAN _____
SIGNATURE

Name _____ Phone _____

Address _____ City _____

CDL # _____ Zip _____

Email Address _____