



BURLINGTON ANIMAL SERVICES

SHELTER/ANIMAL CONTROL: 215 Stone Quarry Road, Haw River, North Carolina (336) 578-1386
ADOPTION CENTER: 221 Stone Quarry Road, Haw River, North Carolina (336) 578-0343



ALAMANCE COUNTY SHERIFF'S OFFICE

ANIMAL CONTROL: 109 S. Maple Street, Graham, North Carolina, 27253 (336) 570-6302

PLEASE COMPLETE HIGHLIGHTED SECTIONS, STAFF TO COMPLETE NON- HIGHLIGHTED SECTIONS

PROOF OF OWNERSHIP FOR SURRENDERED ANIMALS

(For Staff Use)

Completed by (staff name) _____

The following was provided as proof of ownership at the time of surrender for the animal described on the previous page and identified by Burlington Animal Services as Animal ID# _____. A copy of this proof of ownership **must** be attached to this document and placed in the animal's record. Please check the applicable line below to indicate the proof of ownership provided.

Tier 1 Proof of ownership

- | | |
|---|---|
| <input type="checkbox"/> Veterinary Records | <input type="checkbox"/> Rabies Vaccination Certificate |
| <input type="checkbox"/> Registration Papers | <input type="checkbox"/> Microchip Registration |
| <input type="checkbox"/> Adoption Contract from a recognized animal shelter or rescue group | <input type="checkbox"/> Chameleon Record (previous reclaim from BAS) |
| <input type="checkbox"/> Agency Name: _____ | |

Tier 2 Proof of ownership

- | | |
|---|--|
| <input type="checkbox"/> Photograph(s) | <input type="checkbox"/> Collars/ID Tags |
| <input type="checkbox"/> Evidence of Care Provided by Owner | <input type="checkbox"/> Medications being taken by surrendered animal |
| <input type="checkbox"/> Other (describe): _____ | |

Tier 3 Proof of ownership

- No evidence of ownership provided

AFFIDAVIT OF ANIMAL OWNERSHIP & ACKNOWLEDGEMENT OF SURRENDER

(To be completed by owners who provide Tier 2 or 3 proof of ownership)

I, _____ hereby certify the following:
Name Address Telephone Number

- I understand any animal I surrender to Burlington Animal Services (BAS) will immediately become the property of BAS, and BAS has full control over the disposition of the animal. Such disposition may include adoption, transfer to a Rescue Group, or euthanasia, and will be made at the discretion of BAS. _____ (initial)
- I am surrendering the following animal (please provide a description of the animal including species, breed, sex, color, age and name):

- I acknowledge that I am the owner of the animal, and that I am not surrendering an animal that I know, or have reason to know, belongs to another individual. _____ (initial)
- I am providing to BAS for their records the documentation noted above to illustrate ownership of the animal _____ (initial)
- I have been the owner of the above- mentioned animal since _____ (month/ year)
- I obtained the animal under the following circumstances (please describe): _____

- Please identify the names of any veterinarians the animal has seen: _____
- Please list any medications the animal is currently taking: _____
- If multiple individuals own the animal (i.e. husband-wife; adult child-parent) or might have an ownership interest in the animal, I have their consent to surrender the animal to BAS. _____ (initial)

I certify that I am the owner of this animal and that I have submitted the aforementioned proof of ownership to BAS in support of this claim.

Signature of Owner _____ Date _____

Witness (Officer or BAS Staff only) _____ Date _____



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CITIZENS PLEASE COMPLETE HIGHLIGHTED SECTIONS, STAFF TO COMPLETE NON- HIGHLIGHTED SECTIONS

INTAKE INFORMATION			QUARANTINE STATUS	Animal ID#: _____
<input type="checkbox"/> Field <input type="checkbox"/> OTC <input type="checkbox"/> After-Hours Kennels	<input type="checkbox"/> Stray <input type="checkbox"/> Owner Surrender <input type="checkbox"/> Confiscate <input type="checkbox"/> Return <input type="checkbox"/> Wildlife	<input type="checkbox"/> Bite <input type="checkbox"/> DOA <input type="checkbox"/> Euth. Request <input type="checkbox"/> Eviction <input type="checkbox"/> Investigation <input type="checkbox"/> Police <input type="checkbox"/> Protective Custody	<input type="checkbox"/> 10 Day <input type="checkbox"/> 6 mo Bite Date: _____ Q Begin Date: _____ Q End Date: _____ <i>Attach Bite/Exposure Report</i>	Activity#: _____ Officer/Dept: _____ Office Contact #: _____ BAS Staff: _____ Incoming Date: _____ Incoming Time: _____ AM/PM Release Date: _____ Citation Issued: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
<input type="checkbox"/> Trapped <input type="checkbox"/> Sick <input type="checkbox"/> Injured				
Stray Animal Impound/Found Location: _____				

SOURCE/ OWNER INFORMATION

Name: _____ Driver's License State/Number _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone# _____ Work Phone#: _____ Other: _____

ANIMAL INFORMATION

<input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other _____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> M/N <input type="checkbox"/> F/S <input type="checkbox"/> U	Age: _____ Name: _____ Breed: _____ Color: _____ Unique Characteristics: _____	<input type="checkbox"/> Collar: _____ <input type="checkbox"/> ID Tag: _____ <input type="checkbox"/> Microchip: _____ <input type="checkbox"/> Other: _____
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Has the animal bitten or scratched anyone in the last 10 days? (if yes, please explain) _____

How does this pet interact with strangers: _____ children: _____ other animals: _____

Why can you no longer keep this pet? _____

Does this pet have any medical problems? (if yes, please explain) _____

Does this pet have any behavioral problems? (if yes, please explain) _____

Please check all that apply:

<input type="checkbox"/> Walks well on leash	<input type="checkbox"/> OK with being picked up or held	<input type="checkbox"/> Kept Indoors	<input type="checkbox"/> Kept outside
<input type="checkbox"/> Destructive inside the house	<input type="checkbox"/> Used to being tied/tethered	<input type="checkbox"/> Playful	<input type="checkbox"/> Uses scratching post
<input type="checkbox"/> Good with car rides	<input type="checkbox"/> Shy	<input type="checkbox"/> Stays in fenced yard	<input type="checkbox"/> Independent
<input type="checkbox"/> Barks excessively	<input type="checkbox"/> Affectionate	<input type="checkbox"/> Escapes	<input type="checkbox"/> Laid-Back
<input type="checkbox"/> Housetrained	<input type="checkbox"/> Aggressive/ Bites	<input type="checkbox"/> Pulls on leash	<input type="checkbox"/> Crate Trained
<input type="checkbox"/> Litter box Trained	<input type="checkbox"/> Energetic	<input type="checkbox"/> Good with small children	<input type="checkbox"/> Likes chew-toys

Is there any additional information we should know about this pet? _____

Please read carefully, check appropriate box and sign below.

I certify that I do/ do not legally own the animal described above and that I surrender all rights and interest in property in this animal. I hereby release to Burlington Animal Services (BAS) the animal described above and I understand that it may be placed for adoption, transferred to a Rescue Group or euthanized at the discretion of Burlington Animal Services. **Surrendered animals are available for euthanasia or placement immediately upon surrender. Stray animals are available for euthanasia or placement after 3 days if not reclaimed by an owner.** _____ (initial) It is expressly agreed that neither Burlington Animal Services nor any of its officers or employees will incur any obligation to me as the result of any such disposition.

Signature _____ Date _____

Witness (Officer or BAS Staff only) _____ Date _____

For BAS Field Officers Only: _____ no one at home at time of pick up/removal _____ impound notice posted