



United Animal Friends, Inc. Relinquishment Form

Animal's Name: _____

Animal's UAF ID# (if applicable): _____

Owner Name: _____

Address: _____

City, State and Zip: _____

Adoption Date (if applicable): _____

Relinquishment Date: _____

Reason for return/relinquishment: _____

List any and all behavior problems: _____

Was dog crated: Yes ____ No ____ Crate size: _____

Average number of hours dog was crated per day: _____

Where did the animal sleep? _____

Brand of food used: _____ Amount of Food: _____

Animal has lived with Pets _____ Children _____

Veterinary Clinic: _____

Address and Phone: _____

Are vaccinations current? Yes _____ No _____

List all vaccinations and dates: _____

List any health problems: _____

Please attach rabies certificate and veterinary records.

I/we are returning/relinquishing the above stated animal to United Animal Friends, Inc. I/we understand that this animal will be evaluated and placed/returned into the United Animal Friends, Inc. adoption program; and that matters concerning this animal, including placement, will be conducted by United Animal Friends, Inc. I/we freely relinquish ownership of this animal.

Owner's Signature(s)

_____ *Date:* _____

_____ *Date:* _____

_____ *Date:* _____

United Animal Friends, Inc. - Representative

Received by: _____

Date: _____