



Department of Animal Care and Control

3020 Hillegas Road  
Fort Wayne, IN 46808

AC# \_\_\_\_\_  
A18- \_\_\_\_\_  
9: \_\_\_\_\_  
8: \_\_\_\_\_

**Animal Release**

The undersigned, legal owner/authorized agent for the legal owner/finder of the below described animal(s), hereby relinquishes all ownership and custodial rights I may have in said animal(s). I understand the animal(s) may or may not be held for adoption and may be euthanized according to City Ordinance 91.105(H) (4). I understand I may have the option to complete a found report and hold the animal(s) in my home pursuant to City Ordinance 91.033 (A) prior to release. I further understand I may not redeem the animal(s) after release. I certify that I have disclosed to the Department of Animal Care and Control all information known to me regarding any bite, attack or aggression incidents involving the animal(s). **Free Roaming Cats may be identified as Community Cat candidates and may be released into the area where they were found.**

Relationship to Animal(s): Legal Owner: \_\_\_\_\_ Authorized Agent: \_\_\_\_\_ Release for Quarantine Only: \_\_\_\_\_ Finder: \_\_\_\_\_

The undersigned, hereby forever releases, discharges, and agrees to hold harmless the City of Fort Wayne, the Department of Animal Care and Control and their respective employees, officers, directors, representatives, and agents from any and all obligations, liabilities, costs and expenses that may arise in connection with injury to, illness of or death of said animal(s) in connection with the handling of said animal(s) or transport of said animal(s) to the Animal Care and Control facility or other destination.

Release for Transportation Only: \_\_\_\_\_ Transportation Destination: \_\_\_\_\_

Release Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Animal Information/Description**

TYPE: Stray P/C Hold Quar. O/S O/S Req. Animal(s) Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Sex: Male / Female Altered: Yes / No Microchip # \_\_\_\_\_  
Species: Dog / Cat / Other: \_\_\_\_\_  
Primary Breed: \_\_\_\_\_ PR Tag# \_\_\_\_\_  
Secondary Breed: \_\_\_\_\_ Rabies Tag# \_\_\_\_\_  
Primary Color: \_\_\_\_\_ Other Tag/ID \_\_\_\_\_  
Collar Color/Type: \_\_\_\_\_ Notes: \_\_\_\_\_

**Field Redemption Agreement**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Unit/Apt #: \_\_\_\_\_

Fort Wayne, Indiana Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work/Alternate Phone #: \_\_\_\_\_

I hereby acknowledge I am the legal owner, authorized agent for the legal owner or finder of the above described animal(s). I agree to provide any medical care the animal(s) may need. I agree to register, microchip and vaccinate the animal(s) in accordance city ordinance requirements, keep the animal(s) properly confined, and otherwise comply with all city ordinances regarding the animal(s). An animal being redeemed for the second or subsequent time shall be sterilized at the owner's expense.

Repeat Redemption: Yes/No Citations/Summons Issued: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Animal Surrender Profile

Animal # \_\_\_\_\_

**(Circle one)    Stray                    Owner Surrender                    Surrendering for someone else**

Reason for Surrender: \_\_\_\_\_

How long have you had this dog? \_\_\_\_\_ Where did you get this dog(s)? \_\_\_\_\_

What veterinary clinic(s) has it been to? \_\_\_\_\_

Does this dog(s) have any past/present medical condition? \_\_\_\_\_

<b>Have you seen this dog react to ANY of the following</b>						
	Friendly	Afraid	Growls	Snaps	Bites	Don't know
Men						
Women						
Children 8+						
Children 8 -						
Babies						
Dog						
Cat						

If a bite drew blood when was the most recent occurrence? \_\_\_\_\_

Please explain any snapping or biting in detail  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does this dog attempt to chase any of the following?    Joggers    Bikes    Cars/ Motorcycles    Animals    Doesn't Chase

Where does this dog spend most of their time?

Free inside house      Crated inside house      Outside in yard      Outside in kennel      Tied Up Outside

Has this dog escaped 2 or more times in the last 6 months?    Yes    No      Is this dog housebroken?    Yes    No    Mostly

Does this dog have any bad habits? \_\_\_\_\_

Does this dog have any good habits? \_\_\_\_\_

Is this dog scared of anything? \_\_\_\_\_ What brand of food have you feed? \_\_\_\_\_

What kind of exercise is this dog used to?      Dog Park      Walks      Runs      Daycare      Backyard

<b>Have you seen this dog react to ANY of the following</b>	Never tried	No reaction	Allows	Lunges Growls	Bites
Pet dog or touch food bowl while eating					
Pet dog or touch rawhide, pig ear, or similar item while chewing					
Pet dog or touch while they have a stolen item					
Pet dog or move dog while sleeping					
Brushes? Handles Feet? Cleans Ears?					
Enters the house or yard?					
Approaches or reaches toward the dog?					
Take him/ her to the veterinarian's office?					
Take him to the groomer?					

Please explain Lunges, Growls or Bites: \_\_\_\_\_

What other animals has this dog been around?    None    Dogs    Cats    Small Animals    Other \_\_\_\_\_

When this dog plays does he/she usually:      Wrestle      Jump      Chase      Play growl      Bites lightly      Bites hard

Is this dog allowed on the furniture?    Yes    No      Has this dog ever attended obedience training classes?    Yes    No

Does this dog have problems riding in the car?    Yes    No    If yes, Explain \_\_\_\_\_