## FRANKLIN COUNTY DEPARTMENT OF ANIMAL CARE AND CONTROL

## OWNER SURRENDER AUTHORIZATION FORM

As the owner of the animal described below, or the duly authorized agent thereof, I hereby relinquish and transfer ownership of this animal to the Franklin County Department of Animal Care and Control. I understand that the Animal Care and Control Department will evaluate this animal's age, temperament and health, and will take the most appropriate course of action with respect to its disposition. These dispositions include adoption, euthanasia, or transfer of this animal to another facility, or use for educational purposes. All attempts are made to place acceptable dogs into new homes.

Person ID:			
Date:/			
0) days:			
Bite:/			
use only. Thank you.			
×			
Badge#:			
nount of \$			
Date://			
THE WHITE COPY. opy – Dog Owner			