



MATANUSKA-SUSITNA BOROUGH
 Animal Care & Regulation
 9470 E. Chanlyut Cir. • Palmer, AK 99645
 Phone (907) 746-5500 • Fax (907) 746-6683
www.matsugov.us/animalcare

Relinquish Agreement

Name: _____

Phone: (_____) _____

Physical Address: _____

Mailing Address: _____

Drivers License: _____

D.O.B.: _____

Where was animal picked up (address, cross streets, etc.): _____

Was the animal found in the City limits of: Wasilla Houston Palmer Mat-Su Borough

How long have you had the animal in your possession? _____

Anything else you would like to add?

<p>Office Use Only Date/Time In: _____ In by Staff ID: Animal ID: _____ Method in: _____ Reason: _____</p>
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Animal Information

Animal Name: _____ Breed (if known): _____
 Spayed or Neutered: _____ Micro Chip #: _____
 Other Descriptors: _____

I certify that I **(DO/DO NOT)** own the animal described above and I hereby surrender all my interest, if any, therein to the Matanuska-Susitna Borough. It is expressly understood that the Matanuska-Susitna Borough, including officers, employees, agents, and contractors will not incur any obligation whatsoever to me on account of such disposition of said animal. I certify to the best of my knowledge that the animal **(HAS/HAS NOT)** bitten or attacked an animal or human. I understand that if it is necessary this animal may be humanely euthanized.

Signature: _____ Date: _____

Printed Name: _____

<p>Office Use Only: WPD, PPD, AST, Emergency Services</p>
<p>Case # _____ Agency _____ Officer _____ Contact # _____ Owner of animal (if known) _____ <input type="checkbox"/> Owner arrested <input type="checkbox"/> Owner hospitalized <input type="checkbox"/> Animal has bitten a human in the last 10 days <input type="checkbox"/> Animal was found running loose (stray) <input type="checkbox"/> Other: _____ Additional comments: _____ _____ *An Animal Care Officer may be in contact for further information.</p>