



Higher Ground Animal Sanctuary
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Mead, WA 99021
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ANIMAL SURRENDER FORM

OWNER INFORMATION:

Date: _____ Printed Name: _____

Address: _____

Phone: _____ Email: _____

Signature: _____

ANIMAL INFORMATION:

Name: _____ Type of animal: _____

Wt/Size: _____ Age: _____ Sex: _____

Color: _____ Spayed/Neutered?: _____ Last Vet Visit: _____

Current Vet Name/Number: _____

Previous Owner: _____

Does the animal have any Current Medical Conditions? Also list any Medications:

Please describe in detail why you are surrendering your pet:

By signing this form, I state that I am the owner of the animal(s) who is/are the subject of this Surrender Form, hereinafter referred to as “the animal”. To my knowledge, no other person has any right to this animal. I hereby surrender all rights to the animal. I understand that once I relinquish the animal, the animal will not be available to be returned. I have read and understand the terms of this animal surrender form.

Owner Signature: _____

Printed Name: _____

Date: _____

HGAS Representative Signature: _____

Date: _____

Date Animal Received: _____