

The department reserves the right to determine this animal's disposition, which may include euthanasia, adoption, transfer to another animal welfare agency or returning the animal to its owner.

LAST NAME		FIRST	A#	K#
ADDRESS			P#	
CITY		STATE	ZIP	CHIP# <input type="checkbox"/> NCF
DL/ID# <input type="checkbox"/> On File	DOB <input type="checkbox"/> On File	PHONE		EMAIL
PET'S NAME (if known)		AGE	BREED	COLOR

IN TYPE	ANIMAL TYPE	SEX	BITE WITH BROKEN SKIN
<input type="checkbox"/> Stray	<input type="checkbox"/> Dog	<input type="checkbox"/> Spayed Female	<input type="checkbox"/> Y - within last 10 days
<input type="checkbox"/> Deceased	<input type="checkbox"/> Cat	<input type="checkbox"/> Female	<input type="checkbox"/> Y - more than 10 days ago
<input type="checkbox"/> Wildlife	<input type="checkbox"/> Rabbit	<input type="checkbox"/> Neutered Male	<input type="checkbox"/> N
<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Other _____	<input type="checkbox"/> Male	

**Reason for surrendering your pet: _____

COMPLETE THIS SECTION FOR STRAY ANIMALS ONLY

If this animal is a stray, check all that apply: Found at my address Found at another location
 Owner moved Found inside Found outside

If this animal was found at a location other than your home address, please explain how you came to be in possession of this animal: _____

Check all that apply about the location where you found this animal: Work Single family residence
 Apartment Mobile home park Other: _____

Please give the exact location where animal was found: _____

I UNDERSTAND STRAY CATS MAY BE RETURNED TO THE LOCATION WHERE THEY WERE FOUND _____

Initials

- YES!** I want to adopt this pet if the owner is not found. I understand I must retrieve this animal within 24 hours of notification or as directed by staff (does not include wildlife)
 NO, I am not able to adopt this pet.

CHOOSE ONE:

- I am the rightful owner of this pet. No other person holds any ownership interest in this pet.
 This pet does not belong to me AND the owner of this pet is unknown to me.
 This pet was left in my care by the owner. I am unable to reach them.

I release the City of Long Beach, their officers, employees, agents and volunteers, from all claims, liabilities, expenses, or judgments, arising from the acceptance, destruction and/or other disposition of this animal. I declare under penalty of perjury that the information provided here is true and correct to the best of my knowledge.

SIGNED: _____

DATE: _____