

## AFFIDAVIT FOR POTENTIAL RELEASE

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Veterinary: \_\_\_\_\_ Current on Vaccines: Y / N

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Spay/Neutered: Y / N      Potential Pregnant: Y / N

License#: \_\_\_\_\_ County of License: \_\_\_\_\_

Good with kids ages? \_\_\_\_\_ Cats: Y / N      Dogs: Y/N      Other Animals: Y / N

Housebroken: Y / N      Crate Trained: Y / N

Any info to help the dog get adopted: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for releasing the dog: \_\_\_\_\_

\_\_\_\_\_

I, the undersigned, do hereby certify that I am the owner or the duly authorized agent of the owner of the animal described above

I do also certify that to the best of my knowledge that the said animal has not bitten any person or animal and has not been exposed to rabies.

I do hear by swear under the penalties of FALSIFICATION, RC2921.13 all information provided is true and accurate.

The Animal Shelter requires 2 photos of the dog to potentially be surrendered.

The animal shelter requires a copy of you ID to be submitted with this form for consideration of potential intake.

Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Please fill the form out and send it together with the photos and the copy of the ID via email to: [darkecountyanimalshelter@gmail.com](mailto:darkecountyanimalshelter@gmail.com) or drop it off in person at the Darke County Animal Shelter

**\*\*\* Incomplete forms will not be considered \*\*\***