

Bibb County Sheriff's Office ANIMAL SERVICES

4214 Fulton Mill Rd., Macon, Georgia 31216 | (478) 621-6791

OWNER INFORMATION:

Name:	Phone Number:	·
Email:		
Address:		
City:	State:	Zip:
OWNER SURREN	NDER:	
Today's Date:	Animal's Nan	ne:
Dog: or Cat: _	Breed:	<u></u>
Age: Sex:		
Spayed/Neutered?Y	les No	
Microchipped? Yes	s, if yes, #	No
Why are you surrendering	g this animal? (Please prov	vide as much information as you can.)
		·
How long have you owne	ed the animal?	
How many homes has the	animal had?	
Where did you get the ani	mals from?	
Has the animal scratched	or bitten a person the last t	ten (10) days? Yes No
If yes, who was bit	ten:	Date of bite:
In what city?		

as the animal ever: BittenScratchedLunged or attacked None of these
If yes, did a bite break the skin: Yes No
Was Animal Services involved? Yes No
ease explain the circumstances:
ne animal's Veterinarian:
ity & State: Zip:
none:
the animal current on vaccinations? Yes No
the animal current on Rabies Vaccination? Yes No
If yes, what is the Tag Number:
ease list any past or present injuries, treatments, or other medical history:
heck all of the following that describe the animal:
That are the animal's favorite activities and toys:
nat are the annual 3 lavorite activities and toys.

Where is the animal kept during the day: Where is the animal(s) kept during the night: Does the animal travel well? Yes No What type of food do you generally feed your animal? Is there anything else a future owner should know about this animal:
Does the animal travel well? Yes No What type of food do you generally feed your animal? Is there anything else a future owner should know about this animal:
What type of food do you generally feed your animal?
Is there anything else a future owner should know about this animal:
My signature below certifies that I am the owner of/or have the authority to surrender to Bibb County Sheriff's Office Animal Services, the animal described above. I hereby relinquish all rights of ownership and any right to information on the disposition of said animal. I also authorize the release of any veterinary records regarding the animal. I certify that to the best of my knowledge I have disclosed all information about the animal concerning health, behavior, history and anything else that may affect the safe placement of the animal in a new home, and that all statements made above are true and correct. Signed:
Printed Name: