



RELEASE OF OWNERSHIP

118 Falcon Drive, Yellowknife, NT X1A 2P7 Tel: (867)444-8444 Fax: (867) 920-7723 Shelter: (867) 920-7722 Email: nwtspcayk@gmail.com

PERSONAL INFORMATION

OWNER NAME		ADDRESS	
HOME PHONE		CITY	
WORK PHONE		POSTAL CODE	
CELL PHONE		SPCA MEMBER	<input type="checkbox"/> YES <input type="checkbox"/> NO
E-MAIL			

ANIMAL INFORMATION

PET NAME		COLOR	
BREED		MARKINGS	
DATE OF BIRTH		DOG/CAT/ETC.	
ALTERED	<input type="checkbox"/> YES <input type="checkbox"/> NO	SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
OK WITH KIDS	<input type="checkbox"/> YES <input type="checkbox"/> NO	OK WITH DOGS	<input type="checkbox"/> YES <input type="checkbox"/> NO
OK WITH CATS	<input type="checkbox"/> YES <input type="checkbox"/> NO		

REASON FOR SURRENDER	
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ADDITIONAL INFORMATION

I _____ declare that I am the rightful owner (s) of the above described animal, I here by do willingly surrender the above said animal into the care and control of the NWT SCA to do what they deem reasonably necessary for the welfare and guardianship of the said animal.

I have read and understand the above declaration and do so willingly.

Signed this _____ day of _____ in the year _____, in the city of _____ NWT.

(Owner name, printed)

(Owner Signature)

(Owner name, printed)

(Owner Signature)

(NWT SPCA representative Name, printed)

(NWT SPCA representative Name, Signature)

SURRENDER FEE OF \$ _____ PAID BY _____ DATE _____
(CASH, CHEQUE, ETC)

(NWT SPCA representative Name, printed)

(NWT SPCA representative Name, Signature)