

Applicant

**SECTION 1**

Owner Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ Postal \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email Address \_\_\_\_\_

Pet Name \_\_\_\_\_ Species \_\_\_\_\_ Male/Female \_\_\_\_\_

Intact/Altered \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_

Reason for Surrender \_\_\_\_\_

Surrender of Ownership

**SECTION 2**

**Surrender of Ownership for Rehoming**

I state that I am the owner of the animal(s) described above. 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, nor will I receive information on where or to whom they have been rehomed.

I understand that should the animal(s) exhibit behavior or signs of illness that in the opinion of Humane Services staff are either a safety issue to staff or the public, or negatively impacting the animal's welfare, they will be humanely euthanized.

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

**Surrender for Euthanasia**

I certify that I am the owner or authorized agent for the owner of the animal described above and do hereby give Humane Services and any authorized agents, staff, or representatives full and complete authority to euthanize and dispose or arrange for cremation of said animal in a humane manner.

I do also certify to the best of my knowledge the said animal **has not bitten any person or animal during the last 14 days and has not been exposed to rabies virus.** *Initial:* \_\_\_\_\_

I request that this animal's remains be cared for in the following manner:

- Private cremation with return of ashes.
- Cremation with no return of ashes. My pet's remains will not be returned to me.
- Home burial. I wish to take my pet's body home.

I understand that my wishes may be carried out immediately upon my signing this agreement.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the information contained in this application is true to the best of my knowledge, information and belief.

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

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed for the purpose of program approval. Questions about the collection and use of the information may be directed to Cindy R. McGrath, Manager Humane Services, [cmcgrath@stjohns.ca](mailto:cmcgrath@stjohns.ca)

Humane Services 81 Higgins Line St. John's, NL

E-mail: [humaneservices@stjohns.ca](mailto:humaneservices@stjohns.ca)

Call Humane Services (709) 576-6126

**ST. JOHN'S**

NEWFOUNDLAND AND LABRADOR, CANADA