

	CS – Surrender of Ownership/Euthanasia Consent	Community Services
	Surrender of Ownership/Euthanasia Consent	
Applicant		SECTION 1
Owner Name(s) _____ Street Address _____ City/Town _____ Postal Code _____ Telephone (home) _____ (work) _____ (cell) _____ Email Address _____		
Pet Information		SECTION 2
Pet Name _____ Species _____ Male/Female _____ Intact/Altered _____ Breed _____ Age _____ Colour _____ Reason for Surrender _____		
Surrender of Ownership		SECTION 3
Surrender of Ownership for Rehoming		
<p>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.</p> <p>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.</p>		
Signature _____ Date _____		

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Consent for Euthanasia	SECTION 4			
Surrender for Euthanasia				
<p>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.</p> <p>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.</p> <p>Initial _____</p> <p>I request that this animal's remains be cared for in the following manner:</p> <p style="padding-left: 40px;">Private cremation with return of ashes</p> <p style="padding-left: 40px;">Cremation with no return of ashes. My pet's remains will not be returned to me.</p> <p style="padding-left: 40px;">Home burial. I wish to take my pet's body home.</p> <p>I understand that me wishes may be carried out immediately upon signing this agreement.</p> <p>Owner Signature _____ Date _____</p>				
Applicant Declaration	SECTION 5			
<p>I certify that the information contained in this application is true to the best of my knowledge, information, and belief.</p> <p>Signature _____ Date _____</p>				
Privacy Notice	SECTION 6			
<p>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 the Manager of Humane Services at humaneservices@stjohns.ca.</p>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> Please send completed form to: </td> <td style="width: 33%; vertical-align: top;"> Humane Services 10 New Gower Street P.O. Box 908 St. John's, NL A1C 5M2 </td> <td style="width: 33%; vertical-align: top;"> For further information: Phone: 709-576-6126 Email: humaneservices@stjohns.ca </td> </tr> </table>		Please send completed form to:	Humane Services 10 New Gower Street P.O. Box 908 St. John's, NL A1C 5M2	For further information: Phone: 709-576-6126 Email: humaneservices@stjohns.ca
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