



# BURLINGTON ANIMAL SERVICES

SHELTER/ANIMAL CONTROL: 215 Stone Quarry Road, Haw River, North Carolina (336) 578-1386  
ADOPTION CENTER: 221 Stone Quarry Road, Haw River, North Carolina (336) 578-0343



# ALAMANCE COUNTY SHERIFF'S OFFICE

ANIMAL CONTROL: 109 S. Maple Street, Graham, North Carolina, 27253 (336) 570-6302

**PLEASE COMPLETE HIGHLIGHTED SECTIONS, STAFF TO COMPLETE NON- HIGHLIGHTED SECTIONS**

## PROOF OF OWNERSHIP FOR SURRENDERED ANIMALS

*(For Staff Use)*

Completed by (staff name) \_\_\_\_\_

The following was provided as proof of ownership at the time of surrender for the animal described on the previous page and identified by Burlington Animal Services as Animal ID# \_\_\_\_\_. A copy of this proof of ownership **must** be attached to this document and placed in the animal's record. Please check the applicable line below to indicate the proof of ownership provided.

### Tier 1 Proof of ownership

- |   |   |
|---|---|
| <input type="checkbox"/> Veterinary Records   | <input type="checkbox"/> Rabies Vaccination Certificate               |
| <input type="checkbox"/> Registration Papers  | <input type="checkbox"/> Microchip Registration                       |
| <input type="checkbox"/> Adoption Contract from a recognized animal shelter or rescue group | <input type="checkbox"/> Chameleon Record (previous reclaim from BAS) |
| <input type="checkbox"/> - Agency Name: _____   |   |

### Tier 2 Proof of ownership

- |   |  |
|---|--|
| <input type="checkbox"/> Photograph(s)                      | <input type="checkbox"/> Collars/ID Tags                               |
| <input type="checkbox"/> Evidence of Care Provided by Owner | <input type="checkbox"/> Medications being taken by surrendered animal |
| <input type="checkbox"/> Other (describe): _____            |  |

### Tier 3 Proof of ownership

- No evidence of ownership provided

## AFFIDAVIT OF ANIMAL OWNERSHIP & ACKNOWLEDGEMENT OF SURRENDER

*(To be completed by owners who provide Tier 2 or 3 proof of ownership)*

I, \_\_\_\_\_ hereby certify the following:  
Name Address Telephone Number

- I understand any animal I surrender to Burlington Animal Services (BAS) will immediately become the property of BAS, and BAS has full control over the disposition of the animal. Such disposition may include adoption, transfer to a Rescue Group, or euthanasia, and will be made at the discretion of BAS. \_\_\_\_\_ (initial)
- I am surrendering the following animal (please provide a description of the animal including species, breed, sex, color, age and name):  
\_\_\_\_\_  
\_\_\_\_\_
- I acknowledge that I am the owner of the animal, and that I am not surrendering an animal that I know, or have reason to know, belongs to another individual. \_\_\_\_\_ (initial)
- I am providing to BAS for their records the documentation noted above to illustrate ownership of the animal \_\_\_\_\_ (initial)
- I have been the owner of the above- mentioned animal since \_\_\_\_\_ (month/ year)
- I obtained the animal under the following circumstances (please describe): \_\_\_\_\_  
\_\_\_\_\_
- Please identify the names of any veterinarians the animal has seen: \_\_\_\_\_
- Please list any medications the animal is currently taking: \_\_\_\_\_
- If multiple individuals own the animal (i.e. husband-wife; adult child-parent) or might have an ownership interest in the animal, I have their consent to surrender the animal to BAS. \_\_\_\_\_ (initial)

I certify that I am the owner of this animal and that I have submitted the aforementioned proof of ownership to BAS in support of this claim.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Witness (Officer or BAS Staff only) \_\_\_\_\_ Date \_\_\_\_\_





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**CITIZENS PLEASE COMPLETE HIGHLIGHTED SECTIONS, STAFF TO COMPLETE NON- HIGHLIGHTED SECTIONS**

INTAKE INFORMATION			QUARANTINE STATUS	Animal ID#: _____
<input type="checkbox"/> Field	<input type="checkbox"/> Stray	<input type="checkbox"/> Bite	<input type="checkbox"/> 10 Day <input type="checkbox"/> 6 mo	Activity#: _____
<input type="checkbox"/> OTC	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> DOA	Bite Date: _____	Officer/Dept: _____
<input type="checkbox"/> After-Hours Kennels	<input type="checkbox"/> Confiscate	<input type="checkbox"/> Euth. Request	Q Begin Date: _____	Office Contact #: _____
<input type="checkbox"/> Trapped	<input type="checkbox"/> Return	<input type="checkbox"/> Eviction	Q End Date: _____	BAS Staff: _____
<input type="checkbox"/> Sick	<input type="checkbox"/> Wildlife	<input type="checkbox"/> Investigation	Incoming Date: _____	
<input type="checkbox"/> Injured		<input type="checkbox"/> Police	Incoming Time: _____ AM/PM	
		<input type="checkbox"/> Protective Custody	Release Date: _____	
			Citation Issued: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Stray Animal Impound/Found Location: _____				

**SOURCE/  OWNER INFORMATION**

Name: \_\_\_\_\_ Driver's License State/Number \_\_\_\_\_ DOB: \_\_\_\_\_

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

Home Phone# \_\_\_\_\_ Work Phone#: \_\_\_\_\_ Other: \_\_\_\_\_

**ANIMAL INFORMATION**

<input type="checkbox"/> Canine	<input type="checkbox"/> M	Age: _____	<input type="checkbox"/> Collar: _____
<input type="checkbox"/> Feline	<input type="checkbox"/> F	Name: _____	<input type="checkbox"/> ID Tag: _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> M/N	Breed: _____	<input type="checkbox"/> Microchip: _____
	<input type="checkbox"/> F/S	Color: _____	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> U	Unique Characteristics: _____	

Has the animal bitten or scratched anyone in the last 10 days? (if yes, please explain) \_\_\_\_\_

How does this pet interact with strangers: \_\_\_\_\_ children: \_\_\_\_\_ other animals: \_\_\_\_\_

Why can you no longer keep this pet? \_\_\_\_\_

Does this pet have any medical problems? (if yes, please explain) \_\_\_\_\_

Does this pet have any behavioral problems? (if yes, please explain) \_\_\_\_\_

*Please check all that apply:*

<input type="checkbox"/> Walks well on leash	<input type="checkbox"/> OK with being picked up or held	<input type="checkbox"/> Kept Indoors	<input type="checkbox"/> Kept outside
<input type="checkbox"/> Destructive inside the house	<input type="checkbox"/> Used to being tied/tethered	<input type="checkbox"/> Playful	<input type="checkbox"/> Uses scratching post
<input type="checkbox"/> Good with car rides	<input type="checkbox"/> Shy	<input type="checkbox"/> Stays in fenced yard	<input type="checkbox"/> Independent
<input type="checkbox"/> Barks excessively	<input type="checkbox"/> Affectionate	<input type="checkbox"/> Escapes	<input type="checkbox"/> Laid-Back
<input type="checkbox"/> Housetrained	<input type="checkbox"/> Aggressive/ Bites	<input type="checkbox"/> Pulls on leash	<input type="checkbox"/> Crate Trained
<input type="checkbox"/> Litter box Trained	<input type="checkbox"/> Energetic	<input type="checkbox"/> Good with small children	<input type="checkbox"/> Likes chew-toys

Is there any additional information we should know about this pet? \_\_\_\_\_

**Please read carefully, check appropriate box and sign below.**

I certify that I  do/  do not legally own the animal described above and that I surrender all rights and interest in property in this animal. I hereby release to Burlington Animal Services (BAS) the animal described above and I understand that it may be placed for adoption, transferred to a Rescue Group or euthanized at the discretion of Burlington Animal Services. **Surrendered animals are available for euthanasia or placement immediately upon surrender. Stray animals are available for euthanasia or placement after 3 days if not reclaimed by an owner.** \_\_\_\_\_ (initial) It is expressly agreed that neither Burlington Animal Services nor any of its officers or employees will incur any obligation to me as the result of any such disposition.

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

Witness (Officer or BAS Staff only) \_\_\_\_\_ Date \_\_\_\_\_

For BAS Field Officers Only: \_\_\_\_\_ no one at home at time of pick up/removal \_\_\_\_\_ impound notice posted