



EVERGREEN ANIMAL PROTECTIVE LEAGUE
PO BOX 2517, EVERGREEN, CO., 80437
www.eapl.com 303-674-6442

Pet Relinquish Form

In signing this agreement, I agree that: I am the legal owner and/or agency transferring the pet being relinquished.

 Pet Name, Age, Breed

 Describe Pet Being Relinquished (color, markings, eye color, size, weight etc.) Attach picture (if possible)

 If owner transfer / the pet does not belong to any other rescue organization.

If transferring from a 501c# organization be sure to include a copy of your current PACFA License with the relinquishment form.

If owner transfer - I have completed the pet profile on the EAPL - Website: <https://eapl.com/pet-surrender/>
 I have transferred all vetting information to EAPL. I have updated the vaccines DHPP, Rabies and Bordetella, HW test, and the pet has been altered (as necessary, prior to relinquish) The pet **DOES NOT HAVE A BITE HISTORY**. I am hereby relinquishing all rights to said pet to Evergreen Animal Protective League. I understand they will make all decisions regarding the adoption of the relinquished pet.

If more than one owner or agency, each person needs to sign.

Agency or Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Home #: _____ Work #: _____ Cell#: _____

Email: _____

Signature(s) _____

2nd Agency or

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Home #: _____ Work #: _____ Cell#: _____

Email: _____

Signature(s) _____

This agreement takes effect on the _____ day of _____, 20____.

Evergreen Animal Protective League Volunteer _____ Date: _____