



# City of Laredo Animal Care Services Department

5202 Maher, Laredo, Texas 78041  
(956) 625-1860

Incident ID Number	
Date	Time

## Surrender & Impound Non Exposure Form

Pick up Site:	Badge Number:	Citation Number:
Transport By: <input type="checkbox"/> ACO <input type="checkbox"/> Owner <input type="checkbox"/> Keeper <input type="checkbox"/> Citizen <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Other	Officer:	
Reason: <input type="checkbox"/> Stray <input type="checkbox"/> Surrender/Disown/Unwanted <input type="checkbox"/> Safe-Keep <input type="checkbox"/> Legal <input type="checkbox"/> Confiscated <input type="checkbox"/> Injured		
Animal Type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bat <input type="checkbox"/> Opossum <input type="checkbox"/> Ferret <input type="checkbox"/> Horse <input type="checkbox"/> Livestock <input type="checkbox"/> Bird/Fowl <input type="checkbox"/> Pig <input type="checkbox"/> Reptile <input type="checkbox"/> Other:		
Animal Breed:	Purebred: <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
Rabies Tag #	Date:	Micro #

### \*\*IF OWNER IS IDENTIFIED, FILL OUT LOST / RECLAIM FORM\*\*

Size: <input type="checkbox"/> Large/Xlg <input type="checkbox"/> Medium <input type="checkbox"/> Small <input type="checkbox"/> Mini	Wt.:	Age: <input type="checkbox"/> 0 to 4 mo. <input type="checkbox"/> Young <input type="checkbox"/> Adult <input type="checkbox"/> Senior
Color: Primary:	Secondary:	Markings:
Collar: <input type="checkbox"/> Bandana <input type="checkbox"/> Choke-chain <input type="checkbox"/> Flea <input type="checkbox"/> Harness <input type="checkbox"/> Leather <input type="checkbox"/> No Collar <input type="checkbox"/> Nylon <input type="checkbox"/> Spiked <input type="checkbox"/> Studded <input type="checkbox"/> Other		
Pet Name:	Parasites: <input type="checkbox"/> No <input type="checkbox"/> Yes	Abnormalities:
Behavior: <input type="checkbox"/> Docile <input type="checkbox"/> Aggressive <input type="checkbox"/> Fearful <input type="checkbox"/> Friendly	Collar ID/Info:	
Condition: <input type="checkbox"/> Abused & Neglected <input type="checkbox"/> Malnourished <input type="checkbox"/> Dehydrated <input type="checkbox"/> Ticks or Fleas <input type="checkbox"/> Injured <input type="checkbox"/> Sick <input type="checkbox"/> Good <input type="checkbox"/> DOA <input type="checkbox"/> Other		
Describe animal condition:		

### \*\*SURRENDER STATEMENT\*\*

Surrender Reason: <input type="checkbox"/> Stray, not belonging on my property <input type="checkbox"/> Not wanted <input type="checkbox"/> Unable to care for pet <input type="checkbox"/> Moving <input type="checkbox"/> Aggressive <input type="checkbox"/> Request Euthanasia
I hereby surrender the animal described above and acknowledge that I have no claim to the animal now or in the future. I understand that upon my release of said animal, its disposition is at the discretion of the Animal Care Services Director of his designee and may be euthanized immediately. I understand that if I am the owner I am liable for costs associated with the release of my animal. To the best of my knowledge the animal identified above has not bitten any person or animal to the extent of breaking the skin, nor has it been exposed to rabies within the past ten (10) days.
<input type="checkbox"/> Owner <input type="checkbox"/> Keeper <input type="checkbox"/> Non Owner
Signature: X
Date:
Printed Name:
Phone #:
Address:
City:

### \*\*FOR OFFICE USE ONLY\*\*

Received By:	Intake Date:	Time:
Notes:		
Processing Kennel #	Kennel Assignment (Unit and Cage #):	
	Kennel ID/Date:	
Holding Status: <input type="checkbox"/> Vet Hold <input type="checkbox"/> Isolation <input type="checkbox"/> Pending Euthanasia <input type="checkbox"/> Pending Med Exam <input type="checkbox"/> Adoption Available <input type="checkbox"/> Foster Available <input type="checkbox"/> Court Ordered <input type="checkbox"/> Awaiting Owner		

### \*\*FINAL DISPOSITION\*\*

<input type="checkbox"/> RTO <input type="checkbox"/> Adopted <input type="checkbox"/> Transferred <input type="checkbox"/> Rescued <input type="checkbox"/> Escaped <input type="checkbox"/> Fostered <input type="checkbox"/> Euthanasia <input type="checkbox"/> Other		
Euthanized By: X	Witnessed By: X	Date/Time:
Office Staff's Initial/Date:	Animal ID #	ACS Case ID #