Please print this form and provide to a TLB Volunteer if the intake is approved.

Those Left Behind Foundation

PET OWNER NAME: _____

PET INFORMATION:

Pet's Name: _____ Type of Animal: _____

Breed: _____ Gender: _____ Age: _____

Distinguishing Markings/Colors: _____

DISCLAIMER

I/We certify legal ownership of this animal. I/We agree to surrender all rights of ownership of the animal listed herein to "Those Left Behind" Foundation. I/We also agree that any outstanding veterinarian bills related to animal listed herein prior to surrender, is the sole responsibility of surrendering family. I/We certify being of legal age (over 21).

_____ Date: _____
Signature of Owner

_____ Date: _____
Witness

Intake Remarks:

_____
_____
_____
_____
_____
_____