



Shelby County Courthouse  
Shelbyville, IL 62565

(217) 774-4932

## OWNER RELINQUISH FORM

**Name**

Breed

Age

Sex

Color

Reason you are giving up this animal? \_\_\_\_\_

Medical History:

Current Veterinarian Name & Number \_\_\_\_\_

Has the animal been spayed/neutered?..... Yes No

Is animal up to date on vaccines?..... Yes No

Is animal up to date on Heartworm preventative?..... Yes No

Does this animal need to be on ANY medications? If yes, please list \_\_\_\_\_

Housebroke: Yes No

Good w/children: Yes No

Good w/dogs: Yes No

Good w/cats: Yes No

I, \_\_\_\_\_, hereby transfer complete ownership of the animal, \_\_\_\_\_, to  
Shelby County Animal Control. I certify that I am the sole, rightful owner of this animal, free and clear of all other  
interests. I certify that all the information I have provided above is true and complete and I have not willfully  
concealed any information about this animal. I hereby forever release, discharge and agree to hold harmless, and  
indemnify Shelby County Animal Control, its board, officers, and agents from all claims, demands, actions, suits,  
of actions, or liability of any kind whatsoever arising as a result of or in connection with the adoption or other  
disposition of the above named animal.

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_