



2nd Chance 4 Life Rescue  
PO Box 549, Elizabethtown, PA 17022  
717-575-8704

Date \_\_\_\_\_

I, \_\_\_\_\_ hereby release \_\_\_\_\_ to 2nd Chance 4 Life Rescue.

Reason for surrender \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I fully understand that once I release said animal I have no legal authority or ownership rights to this pet. I attest that I have truthfully revealed everything I know about the pet's personality and habits to the 2nd Chance 4 Life Rescue representative accepting the pet.

I also agree to accept return of the pet immediately if it is found that the animal displays behavioral or aggression issues that were not disclosed to us at the time of release, or if there are severe veterinary issues not disclosed at the time of surrender.

I agree and hereby attest that I am responsible for reimbursement of any and all veterinary/containment/training costs, and/or any damages or liability incurred by 2nd Chance 4 Life Rescue, their volunteers, foster caregivers and/or their families for undisclosed behavioral or aggression issues and for severe veterinary issues resulting in the need for care of the animal that present within 30 days of the surrender.

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature of Surrendering Pet Owner \_\_\_\_\_

2nd Chance 4 Life Rescue Rep \_\_\_\_\_

Pet up to date on vaccines? Yes No

Vet Records Provided? Yes No

Vet name: \_\_\_\_\_ phone: \_\_\_\_\_

Description of pet \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Donation amount towards care \_\_\_\_\_