

Forsyth County Animal Shelter

Release Form for Transport to Rescue Partner Organization

ANIMAL INFORMATION

Animal ID # _____ Staff Name _____

Animal Name _____ Sex ___ Male ___ Female Approx. Age _____

Breed _____

TRANSPORTER INFORMATION

Rescue Partner Organization _____

Transporter's Name _____

Transporter's Address _____

Phone Number _____ Email (optional) _____

Government issued photographic ID must be Provided _____

I understand and agree to the following:

1. I have a current and valid driver's license.
2. I have a vehicle of sufficient size and will sufficient space to safely transport the animal(s).
3. I have a minimum of liability coverage on the vehicle that I will use to transport the animal(s).
4. I have a leash and collar/harness for each dog and a carrier of appropriate size for each cat or group of cats.
5. I agree to be solely responsible for the animal(s) during transport.
6. I indemnify and hold FCAS and all of it's representatives harmless against any damages incurred as a result of the transport of the animal(s), including but not limited to property damage, accident, personal injury, or death of the animal(s).
7. I understand that upon acceptance of the above described animal(s), I assume full responsibility for the well-being of the animal(s) under my care.

I agree to the above terms and conditions above and certify that I am authorized to represent and accept animals for the above named Rescue Partner organization.

Signature of Transporter _____ *Date* _____