



SURRENDER FORM (Own Animal)

Patient nr:

261857

Donation
received:

PERSONAL DETAIL

Name & Surname of owner/ representative	Samantha Corbett	Date of Surrender	17/10/2025		
Physical address	34 Stock Street, Kalkbekerfontein.				
Telephone No	061 142 4009				
Reason for surrendering animal	Medical				
Name of animal	Type of animal/s	Colour	Age	Sex	Sterilised
Abby cat	Cat	White with grey	8	F	Y (N)
					Y / N
					Y / N
Other detail					
Jump fences	✓	Used to dogs	✓		
Used to cats	✓	Used to children	✓		
Microchip					
Health problems / Medical history					

LEGAL

Tick All Boxes

I hereby relinquish to the AACL any and all rights of ownership that I may have in the animal, alternatively, in the event that I represent the owner, I warrant that the owner instructed me to convey to the AACL the decision to relinquish the said rights.



Decisions to keep an animal for adoption or to be euthanised is based on:

(1) Availability of kennel space; (2) Suitability for adoption; (3) Health status of the animal



I hereby release the AACL, its employees, agents and servants, from any liability, claims, demand or causes instituted against the AACL in connection with this animal, including its care, housing, adoptions or euthanasia. I hereby agree to hold the AACL harmless and indemnify it against any claim, cause of action or demand including legal costs in respect of the animal.



I hereby hand this animal over to the Animal Anti-Cruelty League Cape Town and understand that the AACL may dispose of the animal according to Regulation 468 by adoption, euthanasia or any means as deemed fit.



The undersigned hereby give their consent to the AACL CT to process the personal information for all purposes related to its services in accordance with the provisions of the Protection of Personal Information Act.



Client Signature		Client Name	Samantha Corbett	Date:	17/10/25
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OFFICE USE: AWA

Other detail	
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I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE FOREGOING STATEMENTS