

SURRENDER FORM (Own Animal)

Patient nr:

261480

Donation
received:

PERSONAL DETAIL

Name & Surname of owner/ representative	Cheslyn Lark		Date of Surrender	18/10/25	
Physical address	24 Mulberry Street (24 Mulberry) Street).				
Telephone No					
Reason for surrendering animal					
Name of animal	Type of animal/s	Colour	Age	Sex	Sterilised
Zoot		white	2y	M	Y/N
					Y/N
					Y/N
Other detail					
Jump fences	Yes	Used to dogs	No		
Used to cats	Yes / Not like	Used to children	Yes		
Microchip	Not				
Health problems / Medical history	Bad state, tick bite fever				

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.

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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

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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.

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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.

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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.

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Client Signature	<i>Cheslyn</i>	Client Name	CHESLYN	Date:	18/10/25
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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, CONDITIONS OF SURRENDER AND CONFIRM THE ANSWERS TO THE QUESTIONS POSED BY THE AWA.

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Client Signature	<i>Cheslyn</i>	Client Name	CHESLYN	Date:	18/10/25
AWA Signature		AWA Name		Date:	