**Pima Animal Care Center Animal Return to Owner Transportation Certification**

Animal Identification Number (AID): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Animal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Microchip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form, the accepting/receiving party agrees to comply with **all provisions** of this agreement.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that the animal listed in the above Animal Identification number was delivered to me personally by a Pima Animal Care Center employee and is now in my care and custody. The animal was delivered to me unharmed, in good condition, and generally healthy. I accepted/received this animal.

Initial: \_\_\_\_\_\_\_\_\_\_

I am now the sole owner and custodian of the animal mentioned in the above Animal identification number. Pima Animal Care Center and employees of Pima Animal Care Center are not responsible for any care, maintenance, custody, or control of the animal delivered to me today from this point forward. I assume full responsibility to provide food, water, shelter, veterinary care, exercise, and a safe environment for this animal.

Initial: \_\_\_\_\_\_\_\_\_\_

In consideration of receiving this animal, I, the receiving/accepting party hereby releases Pima County, its districts, its officers, agents, and employees from all claims of injury or damage which this animal may cause the receiving party or the receiving party’s property. The receiving/accepting party further agrees to hold harmless, defend and indemnify Pima County, its officers, contract veterinarians, agents and employees from any and all claims of liability to other persons for injuries or damage arising out of or in connection with services of this program or caused to them or their property by this animal received by the receiving/accepting party.

Initial: \_\_\_\_\_\_\_\_\_\_

**My signature below attests that I have read and understand this agreement.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Receiving Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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