



ANIMAL RELEASE

Intake #: _____ Location/Pen#: _____

Animal's Name: _____ Animal Description: _____

The above-described animal has been released from the care of the Vermont Disaster Animal Response Team (VDART) emergency animal shelter and will be transferred and cared for by:

Owner

Foster Caretaker

Veterinary Facility

Name _____ Date _____

Veterinary Facility (if applicable) _____

Street Address _____

City/Town _____ State _____ Zip _____

Home Phone (____) _____ Work (____) _____ Cell (____) _____

Email _____ Fax (____) _____

MEDICAL TREATMENT PROVIDED TO ANIMAL

Provided by: _____

The undersigned hereby acknowledges receipt of the above-described animal, and agrees to provide humane care, adequate shelter, and food for this animal while in his/her care, and absent a party's gross negligence to hold harmless all persons, organizations, or government agencies involved in the rescue, care and sheltering of this animal. The animal's owner agrees to be responsible for any veterinarian, food, or care expenses incurred during the foster care period.

	Print Name	Signature	Date
Owner (Required)	_____	_____	_____
Foster Caretaker	_____	_____	_____
Veterinary Facility	_____	_____	_____
Staff	_____	_____	_____