

City of Vienna – Animal Control Division

P. O. Box 436 203 W. Cotton Street Vienna, Georgia 31092 (229) 268-4744 (229) 268-6172 Fax

Animal Control Statement/Release/Agreement

Oate:			IE	D#:
Name:				
Address:			State:	Zip:
Phone: (Home)	(Work)		(Cell)	.
Driver's License #:		Social Security Number:		
STATEMENT: The City of Vienna cannot guarantee the he	ealth of this animal; h	nowever, we be	elieve it to be in acceptab	le condition.
f the animal is returned (within 3 days) du accompanied by a completed and signed reatments or medicines nor will any refun	"Health Evaluation (Certificate". Th		
rom the City of Vienna Shelter will guaran within 30 days after acquisition of such anir in the case of an immature animal. Persons within seven (7) days after such sterilization	tee that the steriliza nal in the case of an a shall submit a signed n attesting that such	tion of such ar idult animal or d statement fro sterilization ha	nimal will be performed b within 30 days of the sext om a licensed veterinarial as been performed.	oy a licensed veterinarian ual maturity of the animal n performing sterilization
THE CITY OF VIENNA RESERVI	ES THE RIGHT TO REF	USE THE ADO	PTION OF ANY ANIMAL T	O ANYONE.
RELEASE indemnify and hold harmless the City of Nor other animals as a direct or indirect resurce. AGREEMENT I have read and understand the above I agree to the contents of the release of the animal will be taken for a health explicitly that I am 18 yrs. of age or olde I will provide adequate health care, for a will abide by all City, County, and/or seconds.	statement. lause. valuation within 3 wo r. od, water and shelter	mal. orking days. for the anima		s to any person, property
I will not release animal for any experir I will not sell or abandon animal, I will r I will report the demise of the animal to	return animal to Anin	nal Control if t	he need arises.	
Adoptee Signature			Witness Signature	