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A 501c3 nonprofit

TRANSFER TO ANOTHER RESCUE/RESCUE FORM

Animal's Name: _____ Today's Date: _____ Transferred to: _____ Name of Representative: _____ Address of Shelter/Rescue: _____

Phone: _____

Fax: _____

Email: _____

Canine

Feline

Spayed/Neutered

Intact

Microchipped

Male

Female

Purebred

Mix

Pet's Birthdate: _____ Breed(s): _____

Color(s): _____

Markings: _____

Reason for Transfer: _____

Notes: _____

Attachments:

Vaccination and Health Records

Surrender/Release Form

Temperament Assessment Form

Microchip No.: _____

VSSN or VETERAN SUPPLEMENTAL SUPPORT NETWORK attests that no person has or will claim ownership and all information about the animal is correct to VSSN's knowledge. VETERAN SUPPLEMENTAL SUPPORT NETWORK is relinquishing this animal to said shelter/rescue organization above and gives up all rights and liabilities to this animal.

Representative Signature of Recipient Shelter/Rescue: _____

VSSN Veterans Supplemental Support Network Representative: _____