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A 501c3 nonprofit

TRANSFER TO VSSN - SURRENDER/RELEASE FORM

Your Name: _____ Email _____
Organization (if any): _____
Street Address: _____
Mailing Address (if different): _____
City: _____ State: _____ Zip: _____
:Cell Phone: _____ Work Phone _____

Canine
Male

Feline
Female

Spayed/Neutered
Purebred Mix

Intact

Microchipped

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

Current Veterinarian: _____
Vaccination/Health Record/Microchip Info Attached?: _____

Behavior Notes / Reason for Transfer or Surrender:

I hereby release _____ (pet's name) into the custody and control of Veterans Supplemental Support Network. I declare that I obtained the above animal legally and that I waive all future rights in the ownership or control of the above animal. I hereby agree to transfer all right, title, and interest in the control or ownership of the above animal as of the date below.

Owner/Rescue Signed: _____ Date _____

Attested by Representative for Veterans Supplemental Support Network: _____