

Case Number: _____



Waukeee Police Department

1300 SE L.A. Grant Parkway
Waukeee, IA 50263
O: 515-978-7979 | F: 515-987-5064

ANIMAL FINDER/OWNER RELEASE FORM

Last Name	First	Phone #	
Address			
City	State	Zip	CHIP#
DL/ID #	DOB	Email	
Pet's Name (if known)	Age	Breed	Color

Animal Type

- Dog
- Cat
- Other _____

Sex of Animal

- Female
- Male

I release the City of Waukeee, their officers, employees, agents and volunteers, from all claims, liabilities, expenses, or judgements, arising from the acceptance, destruction and/or other disposition of this animal. I declare under penalty of perjury that the information provided here is true and correct to the best of my knowledge.

Signed: _____

Date: _____

Office Use Only

Processed by: _____

Date of Payment: _____