



Impound #: \_\_\_\_\_

711 Main Street  
Grain Valley, MO 64029  
816.847.6250  
816.847.6259 fax  
www.cityofgrainvalley.org

### Stray Animal Release Form

**For Internal Use:**

Date Animal Impounded: \_\_\_\_\_ Holding Facility: \_\_\_\_\_

Impounding Officer's Name: \_\_\_\_\_ Officer's Title: \_\_\_\_\_

**All Highlighted sections must be filled out. This form is only for animals that have been found by citizens. You then take this form to our contract kennel along with the animal that you have brought in. They will not accept the animal unless all fields are filled out.**

You agree that this animal is not your animal nor has ever been your animal. You also understand that if it is your animal, you will be charged a seventy-five dollar fee for surrender. Please sign below acknowledging your agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Releaser Information: (must be filled out)**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address Where Found: \_\_\_\_\_ Address Where Picked Up: \_\_\_\_\_

**Animal Information:**

Type:  Dog  Cat  Other: \_\_\_\_\_ Gender:  Male  Female  Unknown

Reproductive Status:  Spayed (Female)  Neutered (Male)  Intact  Unknown

Breed: \_\_\_\_\_ Approx. Age:  0-3 Months  Young  Adult  Senior

Description: \_\_\_\_\_

Approximate Height: \_\_\_\_\_ Approximate Weight: \_\_\_\_\_ Microchip Brand and #: \_\_\_\_\_

Health Notes / Tests: \_\_\_\_\_

Reason for Release: \_\_\_\_\_

**Statement of Release: (must be filled out)**

I, \_\_\_\_\_, do hereby release the above animal to the City of Grain Valley, Missouri. I certify that I am NOT the owner of this animal and this animal is a stray and the owner is unknown to me. I understand and agree that the City of Grain Valley may offer this animal for rescue, adoption, or euthanasia, as deemed advisable and in accordance with applicable local and state laws. I release the City and its employees from any and all liability relating to the disposition of this animal, and the decisions made thereto.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Releaser Statement: (must be filled out)**

To my knowledge, this animal has not bitten or caused bodily harm to any person or animal in the past 10 days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ATTENTION Contract Kennel:

This form must be faxed to Grain Valley City Hall on acceptance of the animal and receipt of this form. Grain Valley Animal Control will then give you an impound number after we have received this fax.

FAX 816-847-6259