

**City of Waynesville
Animal Shelter
320 Ichord Avenue, Suite F
Waynesville, Missouri 65583**

TRANSFER OF OWNERSHIP

Date: _____ Social Security No. _____

Owner/Custodian: _____

Address: _____ Phone: _____

City: _____ State: _____

County: _____ Zip Code: _____

SS#: _____ Driver Lic #: _____ State: _____

Vehicle Lic #: _____ State: _____ Expiration Yr: _____

Description of Animals: (Includes: type, age, sex, color, markings)

As owner, or as custodian acting in good faith, I, the undersigned, voluntarily give the animal(s) described above irrevocably to the City of Waynesville Animal Shelter for possible adoption or humane destruction at its discretion. I understand that falsely claiming ownership of an animal is a violation of Missouri Statutes. (Penalty: Imprisonment and/or fines). _____ (initial)

I understand that the above animal(s) is/are not being accepted for treatment. _____ (initial)

I understand that information will not be available once the animal(s) is/are turned over to the City of Waynesville Animal Shelter. _____ (initial)

Signature of owner/custodian: _____

Witness: _____

AC Officer: _____