



MATANUSKA-SUSITNA BOROUGH

Department of Administration

Division of Animal Care & Regulation

9470 E. Chanlyut Cir. • Palmer, AK 99645

Phone (907) 746-5500 • Fax (907) 746-6683

<https://animalcare.matsugov.us>

Kennel #: _____

Stray Relinquish Agreement

Name: _____

Phone: (____) _____

Physical Address: _____

Mailing Address: _____

Driver's License #: _____

Date of Birth: ____/____/____

Where was this animal picked up (address, cross streets, etc.): _____

Was this animal found in the City Limits of: ___ Wasilla ___ Houston ___ Palmer ___ Mat-Su Borough

How long have you had this animal in your possession? _____

Anything else you would like to add? _____

____ I certify that I **DO** own the animal described below and hereby surrender all my interest, if any, therein to the Matanuska-Susitna Borough

____ I certify that I **DO NOT** own the animal described below and hereby surrender all my interest, if any, therein to the Matanuska-Susitna Borough

____ I certify to the best of my knowledge that the animal **HAS** bitten or attacked an animal or human. Please explain:

____ I certify to the best of my knowledge that the animal **HAS NOT** bitten or attacked an animal or human.

Animal Information

Animal Name: _____ **Breed (if known)** _____

Spayed or Neutered: _____ **Age:** _____

Microchip #: _____ **Other Descriptors:** _____

It is expressly understood that the Matanuska-Susitna Borough, including officers, employees, agents and contractors will not incur any obligation whatsoever to me on account such disposition of said animal.

Signature: _____ Date: _____

Printed Name: _____

LEO Use Only: ___ WPD ___ PPD ___ AST ___ Emergency Services

Case #: _____ Agency: _____ Officer: _____ Contact #: _____

Owner of Animal (if known) _____

Owner Arrested Owner hospitalized Animal has bitten in the last 10 days Animal was found running loose (Stray)

Other: _____

Additional Comments: _____

An Animal Care Office maybe in contact for further information