



Forsyth County Animal Shelter

Release Form for Transfer to Rescue Partner Organization

Animal Information:

Animal ID # _____	Animal ID # _____
Animal ID # _____	Animal ID # _____
Animal ID # _____	Animal ID # _____
Animal ID # _____	Animal ID # _____
Animal ID # _____	Animal ID # _____
Animal ID # _____	Animal ID # _____
Animal ID # _____	Animal ID # _____
Animal ID # _____	Animal ID # _____

Transfer Partners Information:

Rescue Partner
Organization _____
Agency Rep. Name _____
Agency Rep _____
Address _____
Phone Number _____
Email (optional) _____
Government issued ID (Must Provided) _____

FCAS Transport Agreement

By signing below, I certify that:

1. I have a valid driver's license and insured vehicle suitable for safely transporting animals.
2. I will use appropriate restraints (leash/harness for dogs; carriers for cats) during transport.
3. I accept full responsibility for the animal(s) in my care during transport.
4. I release and hold harmless Forsyth County Animal Shelter (FCAS) and its representatives from any liability related to transport, including property damage, injury, or loss.
5. I understand that once the animal is in my care, I am fully responsible for its well-being until transfer is complete.

I am authorized to transport animals on behalf of the named Rescue Partner.

Agency Representative Signature: _____ Date: _____