

ANIMAL DONATION

DATE \_\_\_\_\_

Legal Owner: Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Animal: Species: \_\_\_\_\_ Breed: \_\_\_\_\_

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

Color: \_\_\_\_\_ Age: \_\_\_\_\_

Identifying Marks or Number: \_\_\_\_\_

I, the undersigned, certify that I am the owner, or authorized agent of the owner, of the above-described animal. I unconditionally release this animal to the College of Veterinary Medicine, North Carolina State University for use in its programs. At the end of such use, I understand that the CVM will have full authority to dispose of the animal by sale, euthanasia, or as it deems appropriate.

Owner or Agent's Signature: \_\_\_\_\_

If an agent - address: \_\_\_\_\_

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

Accepted for the College of Veterinary Medicine by: \_\_\_\_\_

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

Special Instructions: \_\_\_\_\_

\_\_\_\_\_