

**Forrest City Area Humane Society**  
**P.O. Box 2091, Forrest City, AR 72336      (870) 633-7036, www.fc humane.org**  
**Shelter to Shelter Transfer**

Case #: \_\_\_\_\_ Animal's Name: \_\_\_\_\_  
Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Color: \_\_\_\_\_  
Case #: \_\_\_\_\_ Animal's Name: \_\_\_\_\_  
Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Color: \_\_\_\_\_  
Case #: \_\_\_\_\_ Animal's Name: \_\_\_\_\_  
Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Color: \_\_\_\_\_  
Case #: \_\_\_\_\_ Animal's Name: \_\_\_\_\_  
Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Color: \_\_\_\_\_

**RECEIVING AGENCY:**

Shelter/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip \_\_\_\_\_

**REPRESENTATIVE FOR ABOVE SHELTER/ORGANIZATION:**

Name: \_\_\_\_\_  
Title/Affiliation: \_\_\_\_\_

I hereby declare that I am an authorized representative for the above mentioned animal shelter, humane organization, or breed rescue group and our sole purpose is to attempt to find this animal(s) a permanent home. If the animal(s) needs to be euthanized, the receiving agency will contact the transferring agency and the transferring agency will have a 24 hour opportunity to retrieve the animal.

I am in receipt of the above mentioned animal(s) and my organization accepts possession of, title to, and responsibility for the animal(s) described above.

I do hereby declare that I am aware that the transferring agency makes no guarantees as to the temperament, health, or future behavior of the above mentioned animal(s).

If the animal(s) is not neutered at the time of this transfer, I agree to neuter the above animal(s) within 3 months of my receipt of this animal.

I hereby release and discharge the transferring agency forever from liability of any injuries or damages to any person or property caused in the future by the said animal(s), and from any causes of action, claims, suits, or demands whatsoever that may arise as a result of such injuries or damages.

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

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**Shelter to Shelter Transfer**

**TRANSFERRING AGENCY:**

Shelter/Organization: Forrest City Area Humane Society  
Address: P.O. Box 2091 Phone: 870-633-7036  
City: Forrest City ST: AR Zip: 72336

**REPRESENTATIVE FOR ABOVE SHELTER/ORGANIZATION:**

Name: Ruth Ann Vowan  
Title/Affiliation: Vice President/ Adoption officer

I hereby declare that I am an authorized representative for the above mentioned animal shelter, humane organization, or breed rescue group.

I hereby declare that the transferring agency is transferring ownership; care and custody of the above mentioned animal(s) to the receiving agency and it is agreed that the receiving agency will not incur any obligation as to the disposition of said animal(s).

I hereby authorize the release of veterinary records of the above mentioned animal(s).

Signature: R. A. Vowan Date: \_\_\_\_\_

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***Transferring Agency Office Use:***

Reason for Transfer: \_\_\_\_\_

**Please add any additional pertinent information to the note section below.**

**Notes:** (each agency representative must initial next to each added note)

\_\_\_\_\_ Initial \_\_\_\_\_ Initial

\_\_\_\_\_ Initial \_\_\_\_\_ Initial

\_\_\_\_\_ Initial \_\_\_\_\_ Initial

\_\_\_\_\_ Initial \_\_\_\_\_ Initial

Vaccine records given to receiving agency..... \_\_\_\_\_  
Initial Initial

Known history given to receiving agency ..... \_\_\_\_\_