

Humane Society of Morgan County

1170 Fairground Road

Madison, GA 30650

(706) 343-9977

info@humanemorgan.org

Request an Inquiry of Displaced Pet

Today's Date: _____

OWNER'S INFORMATION

Owner's Full Legal Name : _____
Last First Middle

Owner's Address: _____
Street # Street Name City State Zip Code

Owner's Primary Phone Number: (_____) _____ - _____

Owner's Primary Email Address: _____

***Please provide a copy of your VALID government issued ID with current photo when submitting this form.*

PET INFORMATION

Pet's Name : _____ DOB/Age: _____

Species: ___ *Canine* ___ *Feline*

Gender: ___ *Male/Intact* ___ *Male/Neutered* ___ *Female/Intact* ___ *Female/Spayed*

Primary Breed: _____ Purebred? Yes No

Secondary Breed: _____

Primary Color: _____ Secondary Color: _____

Approximate Weight: _____ Approximate Height of pet: _____

Size: ___ *Tiny* ___ *Small* ___ *Medium* ___ *Large* ___ *Extra Large*

Distinguishing Marks: _____

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** Please provide no less than four (4) pictures of your missing pet, dated no longer than 6 months ago. Pictures provided must show the following views of your missing pet...FRONT view, LEFT side view, RIGHT side view, ABOVE or BACK view. Failure to provide photos will result in an automatic denial of inquiry.

Microchip Number : _____ Date of Implant: _____

**If your pet is microchipped, you must include a copy of your microchip registration form. You can obtain this through the microchip manufacturer by contacting them directly. Failure to provide this document will result in an automatic denial of inquiry.

VETERINARIAN INFORMATION

Name of Animal Clinic: _____

Address of Animal Clinic: _____

Phone Number: (_____) _____ - _____

Date missing pet was last examined by veterinarian: _____

Condition of Animal at time of last exam: _____

Known MEDICAL Conditions: _____

Known BEHAVIOR Issues: _____

<u>Vaccine Given</u>	<u>Date Administered</u>	<u>Revaccination Date</u>	<u>Notes</u>

Date of last Heartworm test: _____ Results: *Negative* *Positive*

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Heartworm Preventative: _____ Date administered: _____

Flea Preventative: _____ Date administered: _____

Tick Preventative: _____ Date administered: _____

Date of last FeLV/FIV test (cats only): _____ Results: *Negative* *Positive*

**You must provide a copy of your most recent vet records for the pet in question. The records must include vaccine dates (given/due). It must also include any current medication and/or medical conditions being treated by vet listed above. Failure to provide these documents will result in an automatic denial of inquiry.

DETAILED ACCOUNT OF DISPLACEMENT

Date pet went missing: _____ Time or Time of Day: _____

Where from: _____

How did your pet become displaced?

Escaped Enclosed Yard *Escaped Open Yard* *Escaped House* *Escaped Vehicle*

Slipped Leash *Vehicle Collision* *Stolen*

Other: _____

What led up to the displacement of your missing pet? _____

DETAILS OF OUR SEARCH EFFORTS

Did you post on any Social Media sites? *Yes* *No*

Request an Inquiry of Displaced Pet

If Yes, Please list which ones and date of post:

Did you contact Animal Control? *Yes* *No*

If Yes, Please provide the name/county of each Animal Control AND date you reported your missing pet:

Did you visit Animal Control to *visually* check for your missing pet? *Yes* *No*

If Yes, Please provide the name/county of each Animal Control AND date you last visited each location:

** The Georgia State Department of Agriculture ordinances (Chapter 40-13-13-04 (1h)) state that stray animals must be surrendered to the local municipal animal control facility for intake, or impound. In the State of Georgia, animals are viewed as property and have to be “impounded” at the legal facility of record to allow owners due process to “reclaim” their personal property, or pet. Licensed rescues are NOT permitted to take in “stray” or “found” animals.

Did you contact any rescue to include all Private and Public rescues such as Humane Societies, CARI, Rescue Ranch or the like to INFORM them that your pet had gone missing? *Yes* *No*

Request an Inquiry of Displaced Pet

If Yes, Please provide the name of rescue and date of contact: _____

If you believe that the Humane Society of Morgan County currently has your pet in our custody please provide the circumstances in which we would have acquired such animal.

_____ Wrongful "Owner Surrender" by Someone Other than Legal Owner

Date of "Owner Surrender" _____

Agency Surrendered to: _____

Name of "Surrendering Owner" _____

Relationship to "Surrendering Owner" _____

_____ Animal was "pulled" from _____ on _____.
Name of Animal Control Date Pulled

AC listed animal as _____ and _____.
Listed Breed Assigned Name

What is the name we have given to the animal which you believe to be your pet? _____

Where did you see this animal?

___ *On the HSMC Facebook page* ___ *On the Animal Control Facebook page* ___ *Petfinder.com*

___ *RescueMe.org* ___ *HSMC Adoption Event* ___ *HSMC Rescue Facility*

Other: _____

Request an Inquiry of Displaced Pet

Why do you believe this to be your pet? _____

Additional information or comments to help our staff better investigate the validity of your claim:

Thank you for your request for inquiry. If our investigation finds that the animal was acquired by the Humane Society of Morgan County through LEGAL means and the animal is still in our custody as of the date of inquiry, we will review the information and documents provided. Our staff will notify you of our decision once the investigation has been completed.

If we determine that the animal in our custody is in fact your pet, we will make one of two decisions;

- 1) Allow you the opportunity to reclaim your displaced pet per our current policy.
- 2) Decline to allow you the option of reclaiming your pet based on evidence collected during the investigation.

In the event we allow you the opportunity to reclaim your displaced pet, a "Return Fee" will be required to cover the cost of boarding and any necessary medical care. This fee will include the mandatory spay/neuter of the animal, vaccinations and microchip, if not already microchipped. If the animal is in need of additional medical attention outside of the mandatory ones stated, these costs will be included in the "Return Fee" as well. These costs may/may not exceed our posted adoption fees and will not be waived unless otherwise stated in your decision letter.

Request an Inquiry of Displaced Pet

In the event we decline to allow you the opportunity to reclaim your pet, we will provide the reason(s) how we came to this decision. Adoption of your pet will not be an option and depending on the reasons for denial, you may be banned from adopting from the HSMC and other rescue agencies.

In cases which we determine the animal we have in our custody is NOT your displaced pet we will notify you of our findings and your inquiry will be closed.

We are a privately funded animal rescue and have a limited staff assigned to investigating these requests. Please be patient as we look into your case as we will continue to update you as we progress. If for any reason you decide to withdrawal your request, please notify us in writing. Our first priority is making sure the best interest of the animal is met. We understand how losing a pet can bring about unfiltered emotions, however any and all abusive or threatening communication with the staff, volunteers or representatives of the HSMC will be taken seriously and reported to the proper authorities. If we find that your displaced pet is in our custody AND you are guilty of using abusive or threatening communication with the staff, volunteers or representatives of the HSMC, you will NOT be able to reclaim your pet.

All decisions are made at the sole discretion of the Humane Society of Morgan County and are considered final with no option to appeal.

I, _____, understand that this inquiry is provided
Printed Name of Owner

as a courtesy by the Humane Society of Morgan County. All animals legally obtained by the HSMC are the personal property of the named rescue. Once a decision has been made regarding my inquire I understand that it is final with no option to appeal their decision. If for any reason I disagree with the outcome of their investigation and decide to proceed with other legal action, any and all costs relating to the legal action will be my responsibility alone.

I hereby request that the Humane Society of Morgan County review my case regarding my displaced pet.

Owner's Signature: _____ Date: _____

Request an Inquiry of Displaced Pet

Received By:

HSMC Agent Signature: _____

HSMC Agent Printed Name: _____

HSMC Staff Use ONLY

Date Review Began: _____ Date Review Ended: _____

Documents Included:

Number of Photographs _____

Veterinarian Records

Microchip Registration Form

Additional Documents: _____

Staff: _____

Decision

- Valid/Reclaim
- Valid/Decline (see notes)
- Invalid (see notes)

Outcome

- Reclaimed \$ _____
- Dismissed (see notes)
- Other (see notes)

Notes: