CITY OF LOUISIANA

202 South Third Street
Suite 118
Louisiana, MO 63353

Release to Rescue

Name of Organization:

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____

Department of Agriculture: _____

# of Animals to be taken: _____

Breed, Color, Sex_____ Intake #_____

Breed, Color, Sex_____ Intake #_____

Breed, Color, Sex_____ Intake #_____

Breed, Color, Sex_____ Intake #_____

Breed, Color, Sex_____ Intake #_____

Breed, Color, Sex_____ Intake #_____

Breed, Color, Sex_____ Intake #_____

I ASSUME THE CARE OF ALL ANIMALS LISTED ABOVE TO TRANSPORT SAME TO ADDRESS MOTED ABOVE.

_____

Signature Date

_____

Animal Control Date