



City of Moriarty Animal Shelter

Animal Release / Disposal Request Form

400 Saiz Drive • PO Box 130 Moriarty, NM 87035
Phone: (505)-832-6658 • Fax: (505)-832-6919

Date: _____

Owner Information

Name: _____

Address: _____
City State

Phone: _____

Animal Information

Name: _____ Breed: _____

Color: _____ Age: _____ Sex: _____

Microchip: Yes No

If Yes, Number: _____

Tattoo: Yes No

By payment of a \$25.00 fee, I request that the City of Moriarty Animal Control Department dispose of the animal in a humane manner.

I, _____ hereby certify that the animal named above belongs to me.
Owner

Owner's Signature

Owner's Name Printed

Date

Shelter Staff Signature

Shelter Staff Name Printed

Date