

Animal companion Surrender form

Surrender Fees Apply, \$100 FOR SINGLE, \$150 FOR PAIRS

Date: _____ (date of surrender)

I, _____ (name of former caretaker of rabbit)

Am surrendering my rabbit, _____ (name of rabbit). If more than one rabbit is
begin surrendered, use Separate forms.

On _____ (date). To (Person) _____
Of the Animal Friends Rescue Project.

Breed/type of rabbit: _____

Description of rabbit: _____

Age of animal _____

Where / when was this animal purchased or adopted originally: Pet store, Breeder, shelter, rescue
group, Fair, etc. How did you obtain the rabbit?

Reason for surrender:

Inadequate funds to care for rabbit Lost housing Lost interest lost work

Landlord issues re: having an animal companion Do not like rabbit.

Other: _____

Home foreclosure Required relocation due to housing loss to smaller housing or to place
where animal companions are not allowed.

This rabbit is or Is not spayed or neutered. If altered, where was this surgery carried out?

Vet: _____ (include name and number) _____

Low cost clinic: name Date of surgery or guess. _____

Shelter: name shelter _____

If rabbit is not spayed and female: Has this rabbit been around any male rabbit in the past 2-3
months? Y N don't know.

Do you think she could be pregnant ___Y___ N

Cost of spay is \$75.00. We are an all volunteer, non profit organization with no state or Federal funds of any kind. Will you help us cover the cost of this life-saving surgery?

___Y___N

Cash or check is fine. Make payable to the AFRP .

I understand that my surrender of this animal companion is permanent and that the _____ (name of your organization) will assume full responsibility for this animal).

I understand that Foster care and placement into permanent, loving, indoor home will occur, if the animal is well enough to be placed.

I release all interests in this animal when I surrender him/her to the Animal Friends Rescue Project.

I authorize _____ to obtain any/all medical records from our veterinarian.

Vet's name/address: _____

Vet phone number: _____

I have disclosed any and all medical or health concerns that I know of that my former rabbit may have had or currently has at this time.

These conditions are:

___ EC (protozoan parasite)

___ Neurologic disorder

___ Teeth disorder -Malocclusion front or back or both?

___ broken bones

___ Injury: _____

___ Pasteurella (snuffles)

___ skin disease/fleas, lice/mites, ringworm

___ cancer

___ Other: _____

I have read the surrender guidelines of the AFRP and I am providing the requested materials for my _____ or have given a check to _____ in the amount of \$ _____ to cover these expenses. Pen, crock dishes, litter box, basic food and hay.

Name of person surrendering Date Address: (physical and mail address of surrendering party :

Phone number: _____

EMail address: _____

Ca License number: _____ (to be shown when person surrenders animal companion to agency). (Required) or some ID showing persons picture name and address.

_____ Signature

Organization representative. (Animal Friends Rescue Project)

Notes re: rabbit condition on acceptance by representative of AFRP ____ Initials

Skin _____

Teeth: _____

Mouth _____

Stomach/genital area _____

Feet/paws/nails _____

Fur condition _____

Eyes _____

Nose _____

Other: _____

Vet apt made: _____

Spay neuter apt made _____

Sent to foster site with : _____

Name/Address/Phone number: _____