



SURRENDER STATEMENT

Arrival Date: _____

Animal Name: _____

Intake Number: _____

Medical Records Provided: YES NO

Name of Veterinarian: _____

Veterinarian Phone Number: _____

By signing below, you are attesting that you do own the animal listed on this Surrender Form, and that you are permanently relinquishing custody of said animal to FLUFF Animal Rescue. You also understand that no further information may be provided to you about the above named animal. You also attest that to the best of your knowledge, this animal has not bitten another animal or human within the past 10 days. FLUFF Animal Rescue will not be held liable for any false information that is obtained from this form. You further understand if medical records are not provided with this form, or cannot be obtained from your veterinarian, a non-refundable surrender fee of \$200 will be collected by FLUFF Animal Rescue at time of surrender for medical care of above mentioned animal.

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Driver's License# _____ State: _____

Signature: _____ Phone # _____

Reason for Surrender: _____

Age: _____

Likes Dogs: YES NO

Breed: _____

Likes Cats: YES NO

Color: _____

Likes Kids: YES NO OLDER CONSIDERATE ONLY

Gender: _____

House Broken: YES NO

Spayed/Neutered: YES NO

Date of Last Heartworm/Flea/Tick Prevention given: _____

Food: Brand _____ Amount: _____ Times/Day: _____

Other Information on Pet: _____

