



**RABBIT Surrender form**

**(\$100.00 single / \$200.00 Pair)**

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 Rescue Rabbits Rock 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 \$60.00. 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 RESCUE RABBITS ROCK

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: \_\_\_\_\_**



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: \_\_\_\_\_