South Florida Pet Rescue and Rehabilitation, Inc.

Owner/Founder Surrender Form

Owner's Information:

Full name (First and Last): _____

Address: _____

Home Phone: _____ Cell Phone: _____Driver's License _____

Dog's Information-General:

Name	Age	Weight	Male Female	Spayed Neutered	Breed(s)	How long owned	Microchip #

Dog's Information-Medical:

What vet clinic/Veterinarian do you use? _____ Phone # _____

Heartworm, Flea & Tic Preventative most recent date & brand given _____

Please describe briefly any medical treatment during time in your care Dog/Cat is or has been treated for. _____

Please describe, briefly the personality and behavior of the Dog/Cat during time in your care. (Good w/dogs, w/cats, w/children) _____

Reason for giving this pet up: _____

Is there any type of food/treat this pet particularly likes? _____

Has the pet(s) bitten anyone? Yes ☐ No ☐

Does this dog/cat have/had any know medical issue? ___NO ___Yes, If yes explain _____

I _____ hereby certify that I am the rightful owner/keeper/caretaker/custodian of the pet(s) that is/are the subject of this Owner/Founder Surrender Form and I hereby revoke and surrender any and all property rights to the pet(s) to S. Fl. Pet Rescue & Rehabilitation. I understand that once I relinquish the animal, the animal will not be available to be returned. I understand that by surrendering my property rights to the pet(s), the animal will be transferred to the custody of S. Fl. Pet Rescue & Rehabilitation and will be adopted to an approved applicant through her pet adoption program. I further certify that I have read the terms of this Surrender Form and understand this agreement is final and irrevocable, and by signing the Form I am transferring the ownership of the said animal to S. Fl. Pet Rescue & Rehabilitation and this Agreement is legally binding on me.

The below signed owner, would like to make a donation of $_____ to help care for the above-surrendered pet(s). (Not mandatory, but greatly appreciated).

(*) _____ _____

Owner signature **Date**

(*) _____ (*) _____

SFPR Volunteer **Witness**