

Date: ____/____/____

Eastern Shore Rabbit Rescue & Education Center, Inc.
5718 Main St. - P.O. Box 697
Rock Hall, MD 21661
410.639.7535 - info@esrrec.org

OFFICE USE:
____ Entered into System
____ Printed Animal Paperwork
____ Performed Intake Exam

ANIMAL INTAKE FORM

Please complete one form for each animal surrendered

Name: _____ Breed: _____ Color: _____
Sex: Male / Female Is this animal spayed or neutered? YES / NO / UNKNOWN
Age of Animal: _____ Has this animal bitten anyone? YES / NO

I am the LEGAL Owner of this animal –

Name: _____
Address: _____
County: _____ Phone #: _____

Reason I am giving up my pet: _____

Veterinarian Used: _____

How long have you owned this animal? _____

Does it have any injuries or health issues? _____

Is your pet good with other animals? YES / NO Children? YES / NO Litter box trained? YES / NO

Intake Surrender Questionnaire Completed / Other Notes: _____

Will you be able to provide a donation towards the care of this animal? YES / NO

I, the undersigned, certify that I AM the LEGAL OWNER of the above described animal and hereby surrender to the Eastern Shore Rabbit Rescue and Education Center, Inc., all claims said to animal and request the Rescue take and make disposition of said animal according to their discretion and requirements, up to and including possible euthanization or adoption at the sole discretion of the Rescue.

Owner Signature: _____

NOT THE LEGAL OWNER – FOUND ANIMAL

I am NOT the LEGAL Owner – Finders Name: _____
Address: _____
County: _____ Phone #: _____

Where was this animal found? _____

Do you know the owner's name/address? _____

How long have you had this animal in your care? _____

Has this animal shown any aggression while in your care? _____

Was this animal trapped on your property? YES / NO

If this animal is not claimed by an owner and is evaluated for adoption, are you interested? YES / NO

Thank you for your cooperation