

Rooted In Love

Rescue & Sanctuary

SURRENDER FORM

OWNER/GUARDIAN INFORMATION

Full Name: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

ANIMAL INFORMATION

Name: _____

Species/Breed: _____

Approximate Age: _____

Gender: Male Female Unsure

Spayed/Neutered: Yes No Unsure

MEDICAL HISTORY & BEHAVIOR

• Known Medical Conditions or Concerns: _____

• Current Medications or Supplements (if any): _____

• Behavior Concerns (biting, aggression, fear, etc.): _____

ADDITIONAL INFORMATION (OPTIONAL)

• Dietary Information (type of food, feeding schedule): _____

• Previous Living Conditions (indoor/outdoor, housing setup): _____

• Anything Else We Should Know: _____

Reason for Surrender: _____

Ownership & Release Statement

I certify that I am the legal owner or guardian of the animal described above. By signing this form, I give full ownership of this animal to **(Rooted in Love Rescue)**, relinquishing all present and future claims. I understand that **(Rooted in Love Rescue)** will make all decisions regarding the care, treatment, and rehoming of the animal.

Owner/Guardian Signature: _____

Date: _____

Rooted in Love Rescue Representative: _____

Date: _____

PO Box 271 Almont MI 48003 | 810-751-0201

RootedInLoveRescue.org