

Animal Surrender Form

Coastal Canine Rescue
Phone: 910-470-5554

Our foster/adoption coordinator may be in contact with you for more detailed information. Please fill out form completely.

Full Name: _____

Address: _____

City: _____ State: NC Zip Code: _____

Phone Number: _____

Vet Name/Phone: _____

What is the Age/DOB: _____ Species: _____ Sex: _____

Has the animal been Spayed/Neutered?: _____

What type of food: _____

Date/Name of last HW prevention: _____

Date/Name of last Flea/Tick Prevention: _____

Last Parvo/Dist: _____ Given by: _____

Rabies Tag #: _____ Exp: _____ Given by: _____

Description of animal(s). Include name, color, breed, etc. when possible.

Special comments about the animal: _____

_____ I certify that I am not the legal owner of the animal listed on this form. I now relinquish custody of this animal to Coastal Canine Rescue to be held according to state and local law.

_____ I certify that I am the legal owner of the animal listed on this form. I also hereby unconditionally surrender all rights to ownership of the animal. I now relinquish custody of this animal to Coastal Canine Rescue to be held according to state and local law. I also affirm that the animal listed on this form has not bitten anyone in the last 10 days to the best of my knowledge.

Signature

Date

Signature – CCR

Date