

Critter Mama Rescue, Inc.

Animal Relinquishment Form

By signing this form you are confirming you are the rightful or legal owner of this Animal and have the authority to place, sell, or otherwise release said Animal to Critter Mama Rescue, Inc. You affirm that you are voluntarily relinquishing and transferring ownership of this animal to Critter Mama Rescue free and clear with no further rights. A Donation to assist us in Vetting, Microchipping, and caring for this animal is very much appreciated.

Average cost per each animal before being Adopted is \$200.00. This may be more due to clearing Medical or Behavior conditions of the animal.

Critter Mama Rescue, Inc. promises to care for this animal as their own, to have medical care conducted by a local Veterinarian, to keep in our care forever or to place each animal in a suitable No-Kill Cat Rescue, Foster Home or Adopt into a mutually beneficial Forever Home as soon as possible, at our sole discretion.

PRINT Name of Owner/Legal Representative: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Day phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

# DOGS \_\_\_\_ #PUPPIES \_\_\_\_ # CATS \_\_\_\_ #KITTENS \_\_\_\_ #of Other Animals: \_\_\_\_ Type of Other Animal(s): \_\_\_\_\_

Animal Name(s): \_\_\_\_\_ #Female \_\_\_\_ Spayed \_\_\_\_ #Male \_\_\_\_ Neutered \_\_\_\_

Age/DOB: \_\_\_\_\_ Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Tattoo and/or Microchip # \_\_\_\_\_ Chip Company: \_\_\_\_\_

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Litters: #Males \_\_\_\_ #Females \_\_\_\_ Do you Own/HAVE the Mother? \_\_\_\_ Do you Own/Have the Father? \_\_\_\_

Previous names for babies? \_\_\_\_\_

Breed of Mother: \_\_\_\_\_ Color/Markings: \_\_\_\_\_ Age: \_\_\_\_\_ Current Shots for Mother? \_\_\_\_\_

Breed of Father: \_\_\_\_\_ Color/Markings: \_\_\_\_\_ Age: \_\_\_\_\_ Current Shots for Father? \_\_\_\_\_

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Animal(s) is/are being placed with us because? Owner illness \_\_\_\_ Vet Medical Costs \_\_\_\_ Stray \_\_\_\_ Too Many Pets \_\_\_\_ Bad Behavior \_\_\_\_ Other \_\_\_\_

How long have you Owned/Cared for this Animal? \_\_\_\_ Is/Are the/se Animals taking Flea Prevention? \_\_\_\_ Heartworm Prevention \_\_\_\_

Was the Animal acquired from a Shelter? \_\_\_\_ Shelter Name? \_\_\_\_\_ City/State \_\_\_\_\_

Was the Animal from a Breeder: \_\_\_\_ Breeder Name: \_\_\_\_\_ Breeder Phone: \_\_\_\_\_

Is this Animal AKC Registered? \_\_\_\_ Otherwise Registered or Certified? \_\_\_\_ Are you giving us the "papers" today? \_\_\_\_\_

If No will you provide them within 7 days? \_\_\_\_ Was this Animal Breeding Stock? \_\_\_\_ How many litters? \_\_\_\_

Does the animal(s) have any medical condition(s) or allergies that we need to know about? Yes or No

Explain please: \_\_\_\_\_

Is this Animal(s) Litter Box Trained/Housebroken? Yes or No Other: \_\_\_\_\_

Has this animal bitten anyone? Yes or No Has this animal shown aggressive behavior towards you, anyone else or ANY OTHER ANIMAL?

Explain: \_\_\_\_\_

By signing this document I am agreeing to the following: If this animal is for any reason found to be unfit for adoption, is too sick, too old, continues to have a violent temperament, or other behavior unfitting an adoption, the animal will be humanely euthanized by a Veterinarian and we will be present to comfort this animal until it's passing. We will see to final arrangements either burial or cremation.

I hereby acknowledge that I have read and understand the above terms and conditions, and that all information provided herein is complete and true.

Owner/Legal Representative signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank You for allowing us to take possession and care for your Pets.*

Robin Roberts, President \_\_\_\_\_ Date: \_\_\_\_\_

DONATION DOLLARS RECEIVED: \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ Other items Donated: \_\_\_\_\_

Mailing Address: 3848 Sun City Center Blvd., #104, Ruskin, Florida 33573