

## **Animal Surrender Form**

Big Stone County Animal Rescue PO Box Ortonville, MN 56278

## SURRENDER QUESTIONS:

Street	Address City State Zip
Name	Phone Number
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BSCAR Agent: Date: I surrender this animal to the Big Stone County Animal Rescue.	
	I Name:
	ption of animal:Fee:
	comments:
ŕ	What have you been feeding this pet? Any special dietary requirements or allergies?
8)	Has this animal been around children or other pets? Any problems?
7)	Has this animal ever bitten anyone? If yes, when?
6)	Does this animal have any behavioral problems?
	deworming
	Dogs: Distemper/Parvo Combo, rabies, lyme, heartworm check and deworming
	Cats: distemper combo/Panleukopenia, FeLV, Rabies, Deworming
	What vaccines were given? ( please circle below)
5)	When did the animal last receive vaccinations?
,	How old is this animal?
	Is the animal spayed/neutered?
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2)	Does this animal have any known health problems? On any medications?
1)	Why do you want to surrender this animal?