

LUCKY CHARM MICROFARM

719 - 440 - 0644 | Luckycharmmicrofarm@gmail.com | www.luckycharmmicrofarm.com



PET SURRENDER FORM

PET INFORMATION

Pet's Name:

Species:

Breed (if known):

Color/Markings:

Age:

Sex:

Microchip ID (if applicable):

Veterinary Records (attach copies if available):

- Vaccination History:
- Medical Conditions:
- Current Medications:

REASON FOR SURRENDER

Please provide detailed reasons for surrendering the pet, including any behavioral or health issues:

BEHAVIORAL INFORMATION

Describe the pet's temperament, behavior with people, children, other animals, and any training received:

HEALTH INFORMATION

Current health status:



Any recent veterinary treatments or surgeries:

Known allergies or special dietary needs:

OWNER INFORMATION

Owner's Full Name:

Address:

Phone Number:

Driver's License or ID Number:

Email:

ADDITIONAL INFORMATION

Please provide any additional information about the pet's history, preferences, or habits that may be relevant:

PREVIOUS OWNERS (IF APPLICABLE):

Name:

Contact Information:

TRANSFER OF OWNERSHIP ACKNOWLEDGEMENT

I, _____ [Owner's Full Name], certify that the information provided on this form is accurate to the best of my knowledge. I understand that by signing this form, I am voluntarily relinquishing ownership of the above-named pet to [Rescue/Shelter Name]. I agree to release all rights and responsibilities associated with ownership.

Signature Over Printed Name

Date

Witness (Rescue/Shelter Representative)

Date