

# All Pets Clinic

## DONATION/SURRENDER FORM

Date: \_\_\_\_\_

Species: Canine:  Feline:  Avian:  Rabbit:  Ferret:  Reptile:  Pocket Pet:  Primate:  Exotic:   
Wildlife:  Other:  \_\_\_\_\_

Breed if Known: \_\_\_\_\_

How many animals are you surrendering/donating? \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First MI

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

If found, where was the animal found? \_\_\_\_\_

How long have you had the animal? \_\_\_\_\_

Did you feed the animal while in your care?  Yes  No If YES what did you feed? \_\_\_\_\_

To the best of your knowledge has the animal bitten or scratched anyone?  Yes  No

If YES, Who? \_\_\_\_\_

Any known history about the animal? \_\_\_\_\_

I hereby surrender the said such animal as a donation to All Pets Clinic.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**All Pets Clinic, Suzanne T. Billiar, DVM, PA**

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