

EASEL Animal Rescue League
PET SURRENDER FORM



P.O. Box 5903
Lawrenceville, NJ 08638
Phone: 609-883-0540
Fax: 609-631-8038
www.easeinj.org

OWNER INFORMATION (please print)

Name: _____ Phone: (_____) _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Veterinarian: _____
Special Assistance: Food Stamps SSI ADC Welfare Medicaid Other (please specify): _____
How did you hear about EASEL?: _____

ANIMAL INFORMATION (please print)

Animal Name: _____ dog cat other: _____
Breed/Type: _____ Color/Markings: _____
Age: _____ Gender: male female Spayed/Neutered: yes no
Reason for releasing animal: _____

Behavior: good w/children well behaved good watchdog leash trained good w/dogs good w/cats
 digs barking problem escapes destructive separation anxiety high energy
 medical issues: _____
 other: _____

NOTE: Please provide all available medical records to EASEL when surrendering animal.

***** There is a \$100 surrender fee per animal. *****

The surrender fee can be increased if there is a medical issue or vaccination paperwork cannot be provided. In instances where financial need can be established, the surrender fee can be reduced. Proof of government assistance should be provided to verify participation in a government program.

All animals are expected to be healthy and have a good temperament unless noted above. Owners are required to disclose any bite history if applicable. Owner surrendered pets can only be accepted when there is available space at the shelter. Owners will be contacted when space becomes available.

I certify that I am the owner of, or am authorized to release, said animal. I further understand that there are no written or verbal guarantees given or implied regarding the placement of this animal. I, the undersigned, do hereby release in full to EASEL Animal Rescue League the above described animal.

Signature: _____ Date: _____

EASEL approval: _____

TAKEN VIA PHONE BY (print name): _____ Date: _____