

Maine Chinchilla Shelter Surrender Form

The decision to give up a pet can be an emotional experience, and be aware that surrenders are final. We require that all surrenders come with their cages and all supplies. Call to schedule an appointment when you are ready to transfer the chinchilla(s) and their equipment.

Complete this page for each chinchilla.

Chinchilla Name	Number	Sex	Color	Date of Birth

If this is one of a pair or group, are they housed together? _____ Companion name: _____

When and where did you acquire this pet? Date: _____

Born to my pet * Breeder Pet Shop Animal Shelter Stray Other

Previous Owner			
Address			
Phone	()	Email:	

***If this chinchilla was born to your pet:**

Chinchilla Name	Number	Color	Date of Birth
Dam:			
Sire:			

Feeding

Item	Brand/type/ingredients	Free fed or amount per day?	How often?
Hay			
Pellets			
Treats			
Supplements			

Health

Veterinarian's name & city: _____
 Any dental issues?: _____
 Current conditions: _____
 Neuter or spay date: _____ Has this chin ever born offspring? _____

Behavior

Please describe your chinchilla's personality: _____

Will this chin tolerate being held? Yes No

Has this animal ever shown signs of anxiety or aggression? (alarm calls, biting, urine spray, teeth chattering, rushing) Aggression does not affect the transfer process. If yes, please explain:

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Complete this page for each transfer

Surrendered Chinchilla(s):

Chinchilla Name	Number	Sex	Color	Date of Birth

Why are you surrendering these chinchillas? (Check all that apply)

<input type="checkbox"/>	Health	<input type="checkbox"/>	Housing	<input type="checkbox"/>	Financial	<input type="checkbox"/>	Chin illness	<input type="checkbox"/>	Allergy	<input type="checkbox"/>	Neglect
<input type="checkbox"/>	Stray	<input type="checkbox"/>	Behavior	<input type="checkbox"/>	Too many	<input type="checkbox"/>	Rescue	<input type="checkbox"/>	Impulse purchase		
<input type="checkbox"/>	Other reason: _____										

Surrendering owner information:

Name				Age	
Caregiver Name				Caregiver Age	
Address					
City State Zip					
Home phone	()		Cell phone	()	
Email address:					

Surrendering owner initials each and agrees:

- _____ I certify that I am the owner of or have authority to surrender the animal described above.
- _____ I hereby relinquish all rights of ownership of and any right to information on the disposition of the animal described to MCS.
- _____ I authorize the release of all veterinary records for these animals.
- _____ I certify that to the best of my knowledge I have disclosed all information about the animal concerning health, behavior, history and anything else that may affect the safe placement of the animal in a new home.
- _____ I agree to a fee of \$50.00 and repayment of any veterinary expenses if I reclaim this animal.

Signature: _____ **Date:** _____