

**NEW MOON RABBIT RESCUE
SURRENDER AGREEMENT**

First Name: _____ Last Name: _____

Address: _____

Phone: _____

Rabbit's Name: _____

Date of Birth (approximate if unknown): _____

Sex: M / F Spayed/Neutered: Yes / No

Where rabbit obtained: _____

Reason for surrender: _____

MEDICAL INFORMATION

Veterinarian: _____

Clinic Name: _____

Phone Number: _____

Known medical conditions/considerations: _____

DIET

What type and brand of pellets are being given (if applicable)?

Amount of pellets per day?

What types of greens are being offered?

Amount of greens per day?

What type and brand of hay is being given?

Amount of hay per day?

LITTER/BEDDING

Is the rabbit litter trained? Yes / No

What type of litter is being used? _____

What type of bedding if any? _____

I understand that upon signing this agreement, New Moon Rabbit Rescue assumes full responsibility for this rabbit and I no longer have any rights of ownership. Visitations of the rabbit are not permitted. New Moon Rabbit Rescue will thoroughly screen any potential home and ensure that the rabbit is being placed in a proper home. The rescue will make every effort to keep a bonded pair together, unless made impossible in that it endangers either rabbit or risks a mating.

Owner signature: _____ Date: _____