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:

|  |
| --- |
|  |
|  |
|  |

***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)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Health |  | Housing |  | Financial |  | Chin illness |  | Allergy |  | Neglect |
|  | Stray |  | Behavior |  | Too many |  | Rescue |  | Impulse purchase |
|  | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

MLS 7/9/15

MLS 1/1/15