

**Oxford Ferret Rescue  
Cecil County Animal Rescue  
Surrender Form**

Name of owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Food currently being fed: \_\_\_\_\_

Characteristics of pet: \_\_\_\_\_

**Medical Information**

Date vaccinated for Rabies \_\_\_\_\_ If none given it will cost the shelter \$20.00

Date vaccinated for Distemper \_\_\_\_\_ If none given it will cost the shelter \$10.00

Date ferret tested for Aleutians Disease Virus \_\_\_\_\_ If not tested it will cost the shelter \$20.00.

Any surgeries performed \_\_\_\_\_

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Reason for surrender \_\_\_\_\_

Name of current vet and phone number: \_\_\_\_\_

I agree to surrender the above animal to Oxford Ferret Rescue/Cecil County Animal Rescue and Shelter

I understand that the above animal will receive all medical required at the expense of the shelter: In appreciation for this service for my beloved pet, I offer the rescue the following donation \$\_\_\_\_\_. This is not required, but greatly appreciated. In turn, after the necessary and State required vet care, we will find the best "forever" homes for you beloved pet.

Signature of Owner \_\_\_\_\_