

APPLICATION TO SURRENDER

Old Fella Burke County Animal Rescue, Inc.
PO Box 1437, Waynesboro, GA 30830
Fax: 866-584-7441

Old Fella Rescue GDA License No. A0070607

I, _____ (Name), am unable or unwilling to care for or maintain the animal described below and **HEREBY REQUEST OLD FELLA BURKE COUNTY ANIMAL RESCUE ("Old Fella") CONSIDER** this animal for intake into its rescue program. I understand this is an APPLICATION and Old Fella Rescue is able to receive this animal only upon availability of resources and fitness of the subject animal, pursuant to Old Fella Rescue intake policy. **This application in no way obligates Old Fella to the care and custody of the subject animal unless and until Old Fella makes an income determination regarding the subject animal.** I further attest that I am the owner of the pet described herein and IF OLD FELLA APPROVES this APPLICATION, I shall voluntarily relinquish all rights, claims of said pet to Old Fella. I agree to refrain from engaging in any business or activity which requires a license under the Georgia Animal Protection Act [O.C.G.A. 4-11-1 et seq] or the [GDA] Animal Protection Rules [40-13-13]. I understand that by signing this document I relinquish my rights (UPON ACCEPTANCE OF THIS ANIMAL BY OLD FELLA) to said pet. I further understand that I may not take any action against any party involved regarding the final disposition of said pet.

I shall donate \$ _____ to Old Fella Rescue to help defray the expenses incurred in rescuing and caring for the animal.

Animal Surrendered: ___ cat ___ dog Where did you get this animal? _____

Reasons for surrendering this animal: _____

Name*: _____

Address*: _____ City, State, Zip: _____

Phone*:(home) _____ (work / cell) _____ DOB: _____

Driver's License #*: _____ State*: _____ Expiration*: _____

Pet's Name: _____ Age: _____ Weight: _____ Male or Female: _____

Spayed or neutered _____ Primary/Secondary Breed: _____ / _____ Color(s): _____

Identifying Marking(s): _____ How long have you had this pet? ___years ___months ___days

What veterinarian does this animal see? _____

Date of last: (a) vaccinations? _____ (b) heartworm test? _____ (c) FeLV/FIV test? _____ (d) worming? _____

Vaccinated for: (a) rabies? _____ (b) distemper/parvo? _____ (c) bordetella? _____ (d) feline leukemia? _____

What, if any, allergies to food or medicines does this animal have? _____

What medical conditions does this pet have/medications received? _____

Will you sign a release allowing Old Fella to obtain vet records for this animal? _____

Does this animal live strictly indoors? ___ Strictly outdoors? ___ Both in and out? ___ Housetrained? _____

How does this animal react: (a) to strangers? _____ (b) to frequent visitors? _____ (c) to children? _____

(d) to cats? _____ (e) to dogs? _____ (f) to being picked up? _____ (g) to being petted? _____

Signature*: _____ Date of Application*: _____

Approved for Intake By (Old Fella Agent): _____ Location: _____

I have attached a photo of the animal or I have emailed same to intake@oldfella.org.

Notes/Comments: