Perth Rat Rescue & Rehab Surrender Form

- This form <u>MUST</u> be filled out for any Rat that is being surrendered to the Perth Rat Rescue & Rehab before we will accept them.
- All questions must be filled out as we use this information to re-home and treat any conditions that may be present or that have previously presented themselves during this Rats life.
- This form must be completed with a signature of the previous owner on the bottom which will release the said person from all commitment made to this animal including medical treatment costs, food and general care requirements.
- We request that anyone who surrenders a Rat or Rats make a donation that is relevant to the number and condition of the rats surrendered to the rescue. As we are a not for profit organisation, all funding is on a donation basis as well as out of our own pockets. We also rely on community donations to continue to be able to save lives.
 - The amount of donation needs to be respective of the number of rats surrendered and their current health/well being status.
 - Rats may be subjected to vet checks on surrender which is a cost in itself.
 - Pregnant females can produce an average litter of 8 babies. These babies will require ongoing medical, food and housing costs.
 - Rats with health issues require ongoing medications.
 - Older rats generally require ongoing medication, vet checks and extra special dietary requirements.
 - A MINIMUM \$15 fee is encouraged however, please consider the number of rats being surrendered and any special care they may require.

One form per Rat is required.

- Please present your payment and this form at the time of surrendering any Rats to us or one of our nominated foster carers as failure to do so will mean that we may not accept the said Rat or Rats.
- Payment (via Direct Deposit into our bank account), MUST be made and funds be cleared BEFORE the time of surrender.

<u>Perth Rat Rescue & Rehab - Surrender Form</u>

Owners Name:					
Owners Address :					
Owners Contact Number :		Email			
Rat Name :		DOB / Age			
Gender of Rat :		Male	Female	(Please Circle Which Applies)	
Rat Colour:					
Neutered Or Spayed?		Yes	No	(Please Circle Which Applies)	
Medical Issues :					
Behaviour Issues :					
Ever housed with other Rats?		Yes	No	(Please circle which applies)	
If Yes, how long ago? If Yes, were they housed with?		Opposite Gender Same Gender Mixed Gender (Please circle which applies)			
Reason For Surren	der?				
Are You Donating a Cage?		Yes	No		
What does the rat currently get fed? Does your rat currently get time out of the cage?		Yes	No	How many hours per day?	
I (Owners Name) _					
previous commitme	e & Rehab ents in reg Lat are now	and under ards to thi terminate	s animal. I ui ed and that a	r signing this form I am released from nderstand that all rights to ownership ny care, medical treatments and re-ho	of the
Signed Date					
Office Use Only:					
Rescue Number :					
Cage Donated : Donation : \$					\dashv