

SHELTER SURRENDER / RELEASE FORM

Please help us provide great care for this mini pig by thoroughly completing the following:

MINI PIG INFORMATION

Mini Pig Name:			ID Number:	
Approximate Age:		Color:	Weight	::
Gender: Male Female	Altered?	Yes No Unsure	Identifying Traits:	
Microchip Number:			Microchip Registration Com	npany
Date of last deworming:		Medic	ation(s) used:	
Vaccine history:				
Veterinary care received	at shelter	:		
Special medical or health	needs: _			
Special behavioral needs	:			
History, if known:				
FACILITY INFORMATION				
Facility Name:			Person of Contact:	
Address:				
Phone Number:		Em	ail:	

Please review and sign below acknowledging the following:

- The above information represents the mini pig in which I am releasing to American Mini Pig Rescue.
- I understand that I cannot ask for this mini pig back after s/he is surrendered to American Mini Pig Rescue and this mini pig is now under the complete ownership of American Mini Pig Rescue.
- This mini pig will receive basic medical care including but not limited to spay or neuter prior to seeking an appropriate adoptive home.
- My signature below reflects that I have read and understand the information provided above and I am hereby releasing all rights for this mini pig to American Mini Pig Rescue.

Printed Name:		
Signature:	Date:	
American Mini Pig Association Representative: _		

Facebook.com/AmericanMiniPigRescue • AmericanMiniPigRescue.com