

SOUTHLAKE ANIMAL HOSPITAL

200 W. State Highway 114
Southlake, TX 76092

REHABILITATION/RELEASE FORM

Date: _____

Finder: _____ Phone #: _____ Work #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Species: _____ **Breed:** _____

If found, when and where: _____

Reason for Release:

I release this animal to *Southlake Animal Hospital*. They have my permission to use their judgment in the placement of this animal in a permanent home or the rehabilitation and release of this animal. I understand that under certain circumstances (i.e.- severe illness/injury/behavioral problem) that humane euthanasia may become necessary.

I also understand that *Southlake Animal Hospital* does not profit from the rehabilitation of release animals. All expenses incurred on behalf of these animals falls directly on *Southlake Animal Hospital*. Donations are deeply appreciated and will allow us to help many more animals in the future.

I wish to donate \$ _____ towards the care of animals release to *Southlake Animal Hospital*.

Signature: _____ Date: _____

Received by: _____ Date: _____

Assessment:	
Treatment:	Food:
Disposition:	Date: