



## REHABILITATION/RELEASE FORM

Date: \_\_\_\_\_

### FINDERS INFORMATION

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If specific address & different from above: \_\_\_\_\_ **COUNTY FOUND:** \_\_\_\_\_

Reason for Release: \_\_\_\_\_

### REHAB INFORMATION

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.

(Initials) \_\_\_\_\_

***I also understand that upon signing this form, I relinquish all rights of said animal(s) and will NOT be given ANY further information of ANY kind by the veterinarians, staff members and or representatives of SAH.***

(Initials) \_\_\_\_\_

*Southlake Animal Hospital* does not profit from the rehabilitation of released 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 the animal(s) release to *Southlake Animal Hospital*.

### I have read and fully understand all above information:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Released Animal Information (Clinic Use ONLY)

**Species:** (Circle One) Avian / Reptile / Small Mammal / Other Species

**Breed:** \_\_\_\_\_

**Age:** (Circle One) Baby / Brancher / Immature / Adult / Unknown

**Received by:** \_\_\_\_\_

<b>Assessment:</b>	<b>Disposition:</b>
<b>Treatment/Medications:</b>	
	<b>Date Released:</b>
	<b>Released by who:</b>