

Rehoming Form

Effingham Animal Rescue Sanctuary (aka EARS)

PO Box 1737 • Effingham IL 62401

217-500-0231 • ears2urescue@gmail.com

Owner _____
Animal _____
Address _____
Telephone _____
Email _____
Species _____ Breed _____
Sex _____ Age _____ Weight _____
Spayed/Nutered _____ Date _____
Microchip _____
Heartworm Test Date _____ Result _____
Heartworm Preventative Brand _____ Date of Last Dose _____
Flea/Tick Preventative Brand _____ Date of Last Dose _____
Vaccinations Rabies _____ Date _____
Other _____ Date _____
Microchip Brand _____ Number _____
Allergies _____
Medication Name _____
Dose _____ Date of Last Dose _____
Medication Name _____
Dose _____ Date of Last Dose _____
Vet Name _____
Address _____
Phone _____
Email _____
Date of Last Visit _____ Reason _____
Food Brand _____ Quantity _____ When fed _____
Pet's best qualities _____

Behavior Describe the pet's behavior in the following situations.
with cats _____ with other dogs _____
around its food dish _____ when getting treats _____
with children _____

Pets sleep in many places such as indoors, in a crate, in own bed, in my bed, in a contained area, outdoors in a kennel, in the garage, tied out, barn or other.
Where does this pet sleep? _____

Explain any commands and signals that the pet obeys.

Why are you asking EARS to rehome?

Provide any additional pertinent information

To my knowledge, the pet has not shown any signs of aggression or been vicious to humans or other animals. Initial _____

I, the undersigned, hereby waive any and all of my rights and assign to EARS my authorization to vet, market and adopt the above referenced pet. I understand that EARS will be placing the pet into a new home that meets the organization's adoption standards and that I will not be involved in this process. Initial _____

I have agreed to assign this pet to EARS with the agreement that I will foster and care for this pet until such time as EARS can rehome it. I understand I am the caregiver and all rights to rehome the pet will be done by EARS or as directed by EARS. Initial _____

I have truthfully disclosed all information required by this agreement. Initial _____

Owner's Signature _____ Date _____
Printed _____

Accepted by EARS Representative _____ Date _____