

Little Longears Miniature Donkey Rescue

1079 Turkey Pit Rd. - New Oxford, PA 17350
info@littlelongearx.org
601-454-5956
www.littlelongearx.org

Owner Surrender Intake Form

Animal's name:	Date:
Please circle one: Donkey/Mule Male/Femal	e Gelded? Yes/No Age:
While we don't charge a surrender fee, if you are	able to make a donation toward their care, we
would be very grateful.	
Please briefly explain the reason you would like to	o surrender your animal to Little Longears:
How long have you owned this animal?	
Please describe where your animal has been hous	sed (e.g., pasture, dirt lot, stall, type of fencing, if
housed with other animals and if so, what kind, e	tc.)
Please list what your animal is currently being fed	l, and how often:
Please list veterinary history, including vaccinatio	ns and de-worming schedule:
Trease list veterinary motory, melading vaccinatio	ns and de worming somedate.
Please list any medical condition your animal has,	, and any treatments or medications he/she is
currently receiving:	

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Date of last hoof trim:	
Date of last dental exam:	
Please list any "quirks" your animal has that	we should know about:
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Owner Information and Release	
Owner's name:	
Address:	
Phone number:	Email:
To Little Longears Miniature Donkey Rescu	e: I certify that I own the animal described and I hereby
surrender all rights, title and interest to Littl	e Longears Miniature Donkey Rescue. It is expressly
agreed that said organization, its officers an	d employees, will incur no obligation to me on account
of the disposition of this animal.	
Additionally, I certify that I understand that	Little Longears' primary goal is that every donkey that
is surrendered to Little Longears will live out	t its years there in sanctuary, but, in some cases, where
a suitable foster home is found, some donke	eys may go out into long-term foster care. The donkeys
still will be owned by Little Longears, and ma	ajor decisions regarding their care will be discussed
with and agreed to by Little Longears.	
I hereby certify that I understand and agree	to the above conditions.
Signature:	Date: