



**FLORIDA SKUNK RESCUE**  
**SURRENDER FORM**

DATE: \_\_\_\_\_

I, \_\_\_\_\_, voluntarily turn over my skunk to the Florida Skunk Rescue for re-adoption as they see fit. No fee is being exchanged for this surrender to or from the Florida Skunk Rescue, its officers or representatives.

**SKUNK INFORMATION:**

Name: \_\_\_\_\_ Male or Female: \_\_\_\_\_ Birth year: \_\_\_\_\_

Spayed or neutered – Yes or No: \_\_\_\_\_ If fixed, approximate date surgery was performed: \_\_\_\_\_

Veterinarian: Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Original acquisition records are included in this surrender.	Yes or No	_____
Medical records are included in this surrender.	Yes or No	_____
Spay or neuter records included.	Yes or No	_____

**OWNER INFORMATION:**

Surrendering owner's signature below authorizes the holder of this document to obtain medical records from the above-named vet.

Owner's signature: \_\_\_\_\_

Owner (print name): \_\_\_\_\_

Address (street): \_\_\_\_\_

(city/zip): \_\_\_\_\_

Owner's Florida Fish & Wildlife Commission permit number: \_\_\_\_\_

Representative receiving skunk (signature): \_\_\_\_\_

Print Representative's name: \_\_\_\_\_