

# New Hanover County Rabbit Rescue of Wilmington

<u>ID</u>	<u>NAME</u>	<u>BREED</u>	<u>CAGE#</u>	
<u>AGE</u>	<u>SEX</u>	<u>S/N</u>	<u>COLOR</u>	<u>MARKINGS</u>

<u>INTAKE DATE</u>	<u>DUE OUT DATE</u>	<u>INTAKE BY</u>	<u>STATUS</u>	<u>HOLD</u>
<u>REMARKS</u>				

<u>VETERINARIAN</u>	<u>PROCEDURE/DATE</u>	<u>VET CLINIC INFO</u>
<u>MEDS/INTRUCTIONS</u>		

<u>OWNER/HARORER</u>	<i>(Point of Origin)</i>
Name _____	PHONE _____
Address _____	
_____	
_____	
<p>I, the undersigned hereby release all rights of ownership of the above animal to New Hanover County Rabbit Rescue of Wilmington. To the best of my knowledge this animal has NOT bitten any person in the last ten days.</p>	
(Signature of Owner) _____	(Date) _____

<u>OUTCOME DATE</u>	<u>OUTCOME TYPE</u>	<u>LOCATION</u>
<u>COMMENTS</u>	<u>NEW OWNER INFO</u>	

<u>FOSTER CONTACT INFORMATION</u>	<u>FOSTER INTAKE DATE</u> _____
Name _____	
Address _____	
_____	
PHONE _____	ALT PHONE _____
EMAIL _____	