



AMETHYST — EXOTIC —

REPTILE SURRENDER & OWNERSHIP TRANSFER FORM

 www.amethystexotic.co.uk



SURRENDER DETAILS

Date: _____ Time: _____

Rescue Representative: _____



OWNER DETAILS

Full Name: _____

Address: _____

Postcode: _____

Telephone: _____

Email: _____

Photo ID Checked (if applicable): ☐ Yes ☐ No



REPTILE DETAILS (MAXIMUM 5)

Animal No.	Species	Morph / Colour	Sex	Approx. Age	Name (if any)	Microchip / ID (if any)
1						
2						
3						
4						
5						



HEALTH & HUSBANDRY INFORMATION

Has any reptile received veterinary treatment? ☐ Yes ☐ No

If yes, please provide details: _____

Current medications: _____

Known illnesses or injuries: _____

Feeding schedule and diet: _____

Last fed: _____

Heating and UVB equipment currently used: _____

Any behavioural concerns? _____



ITEMS INCLUDED

Please tick all items surrendered with the reptiles.

- | | |
|---------------------------------------|---|
| ☐ Enclosure(s) | ☐ Decor |
| ☐ Heat Lamp | ☐ Substrate |
| ☐ Thermostat | ☐ Food |
| ☐ UVB Lighting | ☐ Supplements |
| ☐ Hides | ☐ Veterinary Records |
| ☐ Water Bowl | ☐ Other: _____ |



REASON FOR SURRENDER



DECLARATION & TRANSFER OF OWNERSHIP

I declare that I am the legal owner of the reptiles listed above, or I have full authority to surrender them.

I voluntarily and permanently transfer all rights, ownership and responsibility for these reptiles to **Amethyst Exotic**.

I understand that this transfer is permanent and cannot be reversed.

I understand that once surrendered, Amethyst Exotic may:

- Provide veterinary assessment and treatment.
- Quarantine the reptiles where necessary.
- Rehabilitate and care for them.
- Rehome them to suitable permanent homes.
- Retain them permanently if appropriate.
- Make welfare decisions, including humane euthanasia where recommended by a qualified veterinary surgeon and considered in the animal's best interests.

I confirm that, to the best of my knowledge, the information provided on this form is accurate.



OWNER SIGNATURE

Name: _____

Signature: _____

Date: _____



AMETHYST EXOTIC REPRESENTATIVE

Name: _____

Signature: _____

Date: _____



OFFICE USE ONLY

Case Number: _____

Quarantine Required: ☐ Yes ☐ No

Initial Health Assessment Completed: ☐

Photographs Taken: ☐

Animals Logged into Rescue Records: ☐

Additional Notes: _____



Thank you for entrusting us with their care.

Together, we can give them the second chance they deserve.

