 **Release of Dog Ownership**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Dog : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (include call name)

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color(s)/Markings of dog: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scars / tattoos / injuries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Female/Male (circle one) Age: \_\_\_\_\_\_ Spayed/Neutered Yes / No Weight: \_\_\_\_\_\_\_\_\_\_\_\_

Name of Veterinarian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Veterinarian Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vet Hospital/Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Microchip**:** Yes/No: If Yes-provide Microchip # and brand \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Information: \*\*(OWNER TO PROVIDE ALL MEDICAL RECORDS W/ DOG attach to the email.)

On heartworm preventative: Yes /No If yes, type/brand \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last heartworm pill\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last flea and tick pill and brand \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last rabies vaccine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Due next: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last DHPP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of last Bordetella: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type and brand(s) of dog food: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount/how often fed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Behavioral Issues: Yes /No

Include a bio on another page of your dog. Be sure to include the behavioral issues and all aspects of the dogs personality. We want to get to know your dog better and to do this we need to know why the dog is being surrendered

# RELEASE OF OWNERSHIP

I agree and understand that I am giving up all rights of possession and ownership of this dog. And that I will not be able to redeem said dog at any time, nor will I be allowed to know the dog's specific whereabouts. I agree and understand that said dog is now the “sole property” of FaerieLand Rescue. FaerieLand Rescue will not assume any financial obligations for monies spent on this dog prior to the surrender date.

I promise that the information that I am giving is accurate and that FaerieLand Rescue will not be held liable or chargeable for any false information or misrepresentations that I may have submitted on this form. I further agree and understand that FaerieLand Rescue will evaluate this dog to determine whether or not the dog being surrendered will be considered "adoptable." FaerieLand Rescue cannot guarantee placement.

I stipulate that the above information is true and correct to the best of my knowledge and I have divulged all pertinent information relating to this dog. I also stipulate that, to my knowledge, this dog has never bitten a human being or other animal. \_\_\_\_\_\_\_\_\_\_\_

(initial here)

Please consider making a donation in regards to the surrender of this dog, which helps cover the cost of dog food and any vetting that will be upcoming. On the average it can cost us between $150.00 to $250.00 when we take in a new dog. We appreciate your donation and 100% goes to the dogs.

Please provide current vaccination records on your dog, including: Rabies, Heartworm test, DHPP, Bordatella & fecal test..

These are required. \_\_\_\_\_\_\_\_\_

Write a bio on the dog, describing the likes, dislikes, anything that will describe the personality of the dog. Attach another sheet if needed to provide as much information as possible. We want to get to know your dog so that we can rehome the dog in an appropriate home. (attach the bio the email)

This needs to be completed so the rescue can obtain any veterinary records

Veterinary Practice name

Veterinary address

Veterinary phone number

Veterinary email address

Dear Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

I/We have transferred ownership of my/our Welsh Corgi/German Shepherd named \_\_\_\_\_\_\_\_\_\_ to FaerieLand Rescue. You are hereby authorized and directed to treat FaerieLand Rescue as the owner of this dog and to deliver to FaerieLand Rescue’s representative all medical records (including any X-ray films) of this dog. I/We would appreciate it if you would cooperate fully with FaerieLand Rescue and its representative regarding the medical history and treatment of this dog.

Thank you for your assistance.

"Giving veterinary care to your German Shepherd or Welsh Corgi will cost the rescue an average of

$250-$450. Would you like to donate to help cover the cost of care"? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information is required to be completed in full

**Name of Previous Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Previous owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous Owners Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**