

Owner Surrender Form

Owner's Information:

Name: _____
Street Address: _____
City: _____ State: _____
Zip Code: _____ Phone: () _____
Date of Birth: _____
Email: _____

Dog's Information:

Name: _____ Breed: _____
Sex: M _____ F _____
Age: _____ Spayed _____ Neutered _____ Not Altered _____
Why are you surrendering this dog? _____

Where did you get this dog? _____

Is this dog micro chipped? Yes _____ No _____

Has this dog ever bitten? Yes _____ No _____

Policy Statement

I _____, being the owner of _____

Description of Dog _____

hereby voluntarily relinquish all claims and ownership of said dog to the organization known as (organization name) and members thereof. I cannot reclaim this dog once the dog is in possession of (organization name) and understand that this animal will be spayed or neutered, if needed. I agree to give up all the dog's medical records available. Neither (organization name) nor members thereof shall be held responsible for actions of the adoptive or foster family and/or dog. I certify that this dog is not vicious and has never shown signs of aggression towards human beings.

Signature: _____ Date: _____

Printed Name: _____

State Driver's License #: _____