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| **OWNER SURRENDER AGREEMENT** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| I hereby state that I am the legal owner of the dog(s) listed below. I voluntarily surrender ownership of said companion pet(s) to Hearts4Doxies Rescue. I understand that by signing this agreement I relinquish any future ownership rights to this/ these pet/pets. I further understand that I will receive no fees for this/these pet/pets. | | | | | | | | | | | | | | | | | | | |
| **CURRENT OWNER INFORMATION** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | |  | | | | | | | |  | | | | |
| Address/City/State | | | | | | |  | | | | | | | |  | | | | |
| Telephone: Home | | | | | | | | |  | | Cell | | |  | | | |  | |
| Email | | |  | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Dog’s Name | | | | |  | | | | | Age | | |  | | | | | | |
| Breed | | | | |  | | | | | Sex | | | Male  Female | | | | | | |
| Color | | | | |  | | | | | Weight | | |  | | | | | | |
| Spayed/Neutered | | | | | | Yes  No | | | | Housebroken | | | Yes  No | | | | | | |
| When (date) and where (shelter, breeder, puppy store, Craigslist, friend, etc) did you acquire | | | | | | | | | | | | | | | | | | | |
| this dog? | | | | | | | | | | | | | | | | | | | |
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| **PLEASE LIST ALL VET CLINICS** (including vetsfrom previous owners) | | | | | | | | | | | | | | | | | | | |
| Name/Address | | | | | |  | | | | | | | | | | |  | | |
| Last seen by vet on | | | | | | | | Enter Date | | Dog up to date on vaccinations? | | | | | | Yes  No | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Name/Address | | | | | |  | | | | | | | | | | |  | | |
| Last seen by vet on | | | | | | | | Enter Date | | Dog up to date on vaccinations? | | | | | | Yes  No | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Name/Address | | | | | |  | | | | | | | | | | |  | | |
| Last seen by vet on | | | | | | | | Enter Date | | Dog up to date on vaccinations? | | | | | | Yes  No | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Name/Address | | | | | |  | | | | | | | | | | |  | | |
| Last seen by vet on | | | | | | | | Enter Date | | Dog up to date on vaccinations? | | | | | | Yes  No | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Why are you giving up your pet? It will help us find a perfectly matched home. | | | | | | | | | | | | | | | | | | | |
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| Print Name | | | |  | | | | | | Signature | |  | | | | | | | |
| Date | | | |  | | | | | |  | |  | | | | | | | |