

SUNSHINE AIREDALERS OF FLORIDA

SURRENDER FORM

Dog's Name: _____ Sex: M/F ___ Neutered/Spayed: Y/N ___ Weight: _____

Date of Birth, or approximate age of this dog: _____ P0 number _____

Name and address of Owner (or person legally qualified to release this dog into rescue)

Name _____

Address _____

Phone _____

HEALTH RECORD (if possible, attach or forward vet records)

Veterinarian _____ Phone _____

Date of last DHLPP _____ Rabies _____ Heartworm check _____

Currently on Heartworm Preventative? Y/N ___ Brand _____

Date of last pill _____

Microchip Manufacturer and # _____

Any Allergies? _____ Other Chronic Problems? _____

Currently on any medication? _____ If so, what and what for? _____

Has this dog been neutered/spayed? Date _____ attached _____

Diet: Brand of food _____ How much, and when fed? _____

PREVIOUS HABITAT

Inside Dog: House ___ Apartment ___ Walked ___ Fenced Yard ___ Dog Door ___

Outside Dog: Chained ___ Fenced Yard ___ Dog Run ___

Current Family Members & Ages _____

Okay with: Men ___ Women ___ Young Children ___ Other Dogs ___ Cats ___

Housebroken? ____ Crate Trained? ____ Obedience Trained? ____ Leash Trained? ____

Had Run of House? ____ Allowed on Furniture? ____ Have Dog Bed? ____

Where did Dog Sleep? _____ Where was Dog when no one Home? _____

Is Dog destructive? _____ When left alone? _____ Or Anytime? _____

Does dog have any fears? _____

Does he/she "talk" or growl? _____ If so, under what circumstances? _____

Is there anything a new owner SHOULD NOT TRY with this dog? _____

Is there anything you DON'T LIKE about this dog? _____

HAS THIS DOG EVER BITTEN ANYONE If so, WHEN? (Date) _____

WHAT WERE THE CIRCUMSTANCES? _____

**I understand if I withhold truthful information about any biting
history of this dog, I could be held liable for future attacks by this dog.**

When releasing this dog into Airedale Rescue, please provide all veterinary certificates (such as proof of neutering/spaying and vaccinations), which are required for proper licensing of the dog. All health records that you are able to supply will help us to insure the proper medical attention for this dog and will be greatly appreciated.

I declare that I am the legal owner of this dog, or person legally qualified to release this dog into this rescue program. I also understand that I hereby voluntarily relinquish all claims to this dog.

Signed: _____ Date Today: _____

Printed Name of Person Signing: _____

Sunshine Airedalers Representative: _____

Additional comments about your dog's behavior, habits, preferences, feeding schedule, anything that you believe will keep him comfortable, please use the back of this page.