

SUNSHINE AIREDALERS OF FLORIDA

FILLABLE SURRENDER FORM

Rescue number: P _____

Dog's Name _____ Sex: ____ Neutered/Spayed: _____ Weight: _____ lbs

Date of Birth, _____ or approximate age of this dog : _____ Obtain Photo of Airedale to confirm breed: Y/N

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

Name _____

Address _____

Phone _____ Email : _____

Name of breeder if known: _____ Phone / email of breeder, _____

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

Veterinarian _____ Phone _____

Date of last DHLPP _____ Rabies _____ Heartworm check _____

Neutered/Spayed ____ Date _____ attach proof

Currently on Heartworm Preventative? Brand _____ Date of last pill _____

Flea and Tick Prevention? Brand _____ Date of Last pill _____

Chipped Y N Microchip Manufacturer and chip # _____

Any Allergies (food or meds)? _____ Skin Issues _____

Other chronic issues? _____

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

Diet: Brand of food _____ How much and schedule of feeding: _____

PREVIOUS HABITAT AND HABITS

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

Outside Dog: Chained ____ Fenced Yard ____ Dog Run ____

Type/Ht of fencing: _____ Is Dog familiar with pools/water? _____

Good riding in a car? _____ Good with groomer? _____

Current Family Members & Ages _____

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

Housebroken? ____ Crate Trained? _____ Had Run of House? ____ Separation Anxiety? _____
Is Dog destructive? _____ When left alone? ____ Or Anytime? _____ Countersurfer? _____
Leash Trained? _____ High prey drive? ____ Bolter? ____ Escape Artist? ____ Jump or Climb a fence? ____
Where does Dog Sleep? _____ Where was Dog when no one Home? _____ Allowed on Furniture? ____
Have Dog Bed? _____ Had formal obedience training? ____ Type/Name _____
Does dog have any fears? _____
Does he/she "talk" or growl? ____ If so, under what circumstances _____
Is there anything that this dog dislikes or is there anything we should warn prospective owners about?

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

HAS THIS DOG EVER BITTEN ANYONE Y N 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 rabies/ 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: _____

Printed Name of Legal Owner No. 1 _____

(Both spouses/partners must sign surrender form)

Signed: _____ Date: _____

Printed Name of Legal Owner No 2 (spouse or second owner) _____

Sunshine Airedalers Representative _____

Additional comments about your dog' behavior, habits, preferences, feeding schedule, anything that you believe will keep him comfortable, please use this page and additional pages as necessary

This document may be executed in one or more counterparts, by either original or electronic signature including facsimile, each of which when so executed shall be deemed an original, but all of which together shall constitute one document.