 **Owner Release of Animal to SWCSR**

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| --- | --- |
| **Date** |  |
| **Owner Name** |  |
| **Owner Signature** |  |
| **Owner Address** |  |
| **Owner Phone** |  |
| **Owner Email** |  |
| **SWSCR Contact Name** |  |
| **SWCSR Signature** |  |
| **Dog Breed, Gender** |  |
| **Dog Name & Age** |  |
| **When and where dog acquired** |  |

I swear, on penalty of perjury, that I am the legal owner or have authority to act on behalf of the legal owner of the dog described above, and that have the authority and intention to transfer ownership to the Southwest Collie and Sheltie Rescue, Inc (SWCSR). I understand that the placement is permanent and that I will receive no remuneration for this dog now or at any later time.

Furthermore, I understand that SWCSR becomes sole owner of the dog. I will make no attempt to reclaim the dog, although I am welcome to contact SWCR to inquire about the dog's well-being. I fully grant SWCR the right to give the dog any medical treatment deemed necessary and to place the dog in a good adoptive home. Should a vet determine the dog is too ill to be treated, I give SWCSR the right to humanely put the dog to sleep. I release SWCSR from all liability concerning the dog.

Reason for Release to SWCSR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I further authorize release of all records related to this dog, to include:

* AKC registration papers and pedigree, if any
* Complete veterinary records, to include spay/neuter and vaccines
* Microchip identification and company, if any

To assist in finding a qualified home for this dog, I agree to fill out this questionnaire truthfully and to the best of my knowledge.

Name and address of the veterinarian that takes care of this dog.

Known Medical Issues: Digestion, Disease, etc.

Known Behavioral Issues: Biting, Soiling, Barking, etc.

Prior Home Environment: Circle the words that apply:

The dog has lived **outside / inside** most of the time.

The dog has lived **successfully / unsuccessfully** with other dogs.

The dog has lived **successfully / unsuccessfully** with cats.

The dog has lived **successfully / unsuccessfully** with young children.

The dog rides in cars **with ease / with stress and discomfort**.

The dog **has had / has not had** professional grooming in the last 6 months.

Additional comments that will help place the dog in the right home (feel free to also write on back):