



SURRENDER FORM

Please note if you wish to surrender multiple dogs, a separate form will be required for each dog. All surrender information is confidential and will **not** be released without your prior consent.

Date: _____

Personal Details

First Name: _____ Middle name(s): _____ Last name: _____
Street Address: _____ Suburb _____
City: _____ Postcode: _____
Email: _____
Mobile: (02) _____ Other phone: _____

Canine Details:

Name:	_____	Birthdate (if known):	_____
Breed:	_____	Date (if known):	_____
Age:	_____	Date (if known):	_____
De-sexed?	Yes / No	Microchip Number:	_____
Vaccinated?	Yes / No	District:	_____
Micro-chipped?	Yes / No	Registration Number:	_____
Registered?	Yes / No		

If there are any behavioural issues, please provide details below:

Known medical issues and prior vet details:

Do you have vet books that you can forward to the Trust? Yes / No

Date of Anticipated Pick-Up / Proposed Arrangements:

Reason for surrender:

AGREEMENT:

I, _____ (name) of _____
_____ (address), as the true legal owner of the canine described above, unconditionally release to New Zealand Chihuahua Rescue Trust ("The Trust") and/or any representative of the trust, the canine described above.

I acknowledge that at the time that this document is signed by both parties and dated, the canine becomes the legal property of the Trust and may be rehomed at the discretion of the Trust.

If applicable, I am granting the Trustees of permission to alter any details held for the dog(s) by the New Zealand Companion Animal Register and the National Dog Database.

Please INITIAL each page and SIGN below to confirm you have read and understood the contents of the above:

Name:

Former Owner

Name:

As Representative for the New Zealand Chihuahua Rescue Trust

Please print and sign two copies of this form and retain one original to present one to the Trust representative upon releasing the canine into their care.

Please email to: Contact@NZChihuahuaRescue.co.nz