



## Owner Release/Surrender

Full Name:

Street Address:

City/State/Zip:

Phone Number:

### Animal Information

Pet Name:

Breed:

Age:

Weight:

Spayed/Neutered:

Vaccinated:

Microchipped:

House Trained:

Crate Trained:

Heartworm Tested:

Results of Test:

On Prevention:

Name/Address/Phone of Veterinarian and date of last visit:

Does your dog have any medical conditions?

If you answered yes above, what condition(s)?

In great detail, please provide the reason you are surrendering your animal:

Signature:

Date:

\*By signing this form, I state that I am the owner of the animal(s) who is/are the subject of this Animal Surrender Form, hereinafter referred to as "the animal." To my knowledge, no other person has any right to this animal. I hereby surrender all rights to the animal. I understand that once I relinquish the animal, the animal will not be available to be returned. I have read and understand the terms of this Animal Surrender Form.\*

*Dark Horse Dogs, NFP*

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