



HTDR Animal Transfer of Ownership Form

Dog Name: _____ Male Female

Breed: _____ Date of Birth: _____

Description: _____ Weight: _____

Vaccination History Copy of shot records: _____ Spay or Neutered: _____ MicroChip: _____

Behavior/Temperament: _____

Owner Question Section :

- | | Y | N | | Y | N |
|----------------------|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|
| Good with Children: | <input type="checkbox"/> | <input type="checkbox"/> | Kennel Trained | <input type="checkbox"/> | <input type="checkbox"/> |
| Doggie Door Trained: | <input type="checkbox"/> | <input type="checkbox"/> | Good With Cats | <input type="checkbox"/> | <input type="checkbox"/> |
| Obedience Trained: | <input type="checkbox"/> | <input type="checkbox"/> | Good with other dogs | <input type="checkbox"/> | <input type="checkbox"/> |
| House Trained: | <input type="checkbox"/> | <input type="checkbox"/> | Bitten anyone | <input type="checkbox"/> | <input type="checkbox"/> |
| Leash Trained: | <input type="checkbox"/> | <input type="checkbox"/> | Been aggressive with anyone | <input type="checkbox"/> | <input type="checkbox"/> |

Other
Comments: _____

I _____, verify that I am the legal owner of the animal described above. I hereby transfer full ownership of the animal described above to Happy Tails Dachshund Rescue and in doing so I forfeit all my rights related to the animal.

You May leave a donation to HTDR: \$ _____ Address: _____ Date: _____

(Owner's Signature) Date: _____

(Witness) Date: _____

(Happy Tails Dachshund Rescue Representative) Date: _____