

# Southern States Mastiff Rescue

AL, GA, MS, NC, SC, TN, VA  
www.southernstatesmastiffrescue.org

## OWNER RELEASE

I \_\_\_\_\_ the legal owner of the Mastiff named \_\_\_\_\_ described below, and I surrender all claim of ownership of this Mastiff to **Southern States Mastiff Rescue (SSMR)** without recourse. I understand that all possible attempts will be made to place the Mastiff into a loving home as a pet where the Mastiff will be well cared for. If I have misrepresented either the health or temperament of this animal, **SSMR** is not required to accept it into rescue and I will be required to pay for any medical, legal or other costs associated with its care or disposition.

I certify that this dog is not aggressive, and has never bitten. If my dog has had an aggressive or bite history toward either human or animal and I have not so informed **SSMR** and the dog is causes injury due to aggressive behavior or bite, I understand that I will be held personally responsible for any and all injuries incurred. I agree to indemnify and hold harmless **SSMR** for any damages as a result of my dog's behavior due to any written or oral misrepresentations made by me regarding this animal. I certify that the representations made by me are true, accurate and complete to the best of my knowledge.

\_\_\_\_\_ (name of dog) has no history of aggressive behavior involving biting and has never bitten any person. Initial here \_\_\_\_\_

Veterinarian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone# \_\_\_\_\_

Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Owner Signature \_\_\_\_\_  
Date: \_\_\_\_\_

Reason for Release? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information that might be beneficial in placing the Mastiff \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of SSMR Authorized Receiver \_\_\_\_\_  
Date \_\_\_\_\_

Scan and email to [anne.elwell@me.com](mailto:anne.elwell@me.com) and mail original to:  
**Anne Elwell**  
**120 Hudson Hills Rd.**  
**Pittsboro, NC 27312**

Acceptance of release  
\_\_\_\_\_  
Anne Elwell, Trustee

Date \_\_\_\_\_