

Just One More Dachshund Rescue

DOG OWNER RELINQUISHMENT FORM

To provide the best care for your pet, it is necessary to have your pet's behavioral and medical histories available for review.

Name: _____ Home # _____ Cell # _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Dog's Name: _____ Age: _____ Gender: M or F

Breed/Mix: _____ Description: _____

Reason for relinquishing dog? _____

Is the dog from a rescue? Y or N How long ago? _____ If YES, name of dog at adoption _____

Does dog belong to you? Y or N If NO, what is your relationship to owner _____

Is your dog spayed/neutered? Y or N If YES, when? _____

How does your dog behave around family? Indicate ages and number of adults/children in household.

Around strangers? _____

Around children? _____

Around other animals? _____

What are some of your dog's favorite games, toys or activities? _____

Is the dog housebroken? Y or N

Does your dog bark excessively? Y or N. If yes, explain: _____

Has the dog ever bitten anyone: Y or N. If yes, please explain circumstances: _____

Is dog trained to walk on leash? Y or N

Who is your Dog's current veterinarian? Please provided vet's name and number plus hospital name.

Has dog been tested for heartworm? Y or N Result: _____

Is dog currently on heartworm prevention? Y or N, Last date given: _____

Does your dog have any current or past health issues? If so, please explain: _____

Is your dog currently on any medications: Y or N Please List? _____

I hereby certify that I am the rightful owner/keeper/caretaker/custodian of the animal(s) who is/are the subject of this Dog Relinquishment Form, hereinafter referred to as "the animal." I hereby surrender any and all property rights to the animal. I certify that no other person has a right of property to the animal. I understand that by surrendering my property rights to the animal, the animal may be transferred into the custody of an animal shelter. I also hereby certify that the animal has/has not [circle one] bitten or scratched a human or another animal within the past 10 days. I understand that once I relinquish the animal, the animal will not be available to be returned. I further certify that I have read and understand the terms of this Dog Relinquishment Form.

Date _____

Signature _____

Name of JOMDR representative reviewing questionnaire: _____