



## Surrender Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Name of dog: \_\_\_\_\_

Breed of dog: \_\_\_\_\_

Age of dog: \_\_\_\_\_

Why are you surrendering this dog? \_\_\_\_\_

\_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

Veterinarian's Phone #: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

Additional information to help us place this dog: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

I do agree that by signing this document I do hereby relinquish all rights to the aforementioned dog.