



SURRENDER APPLICATION

 602-491-7358

INSTRUCTIONS:

1. Fill in all fields, red fields are required fields - by pressing the TAB key, your cursor automatically goes to the next field.
2. Add electronic signature in the requested field.
3. Optional - use the button **PRINT** to print a copy for yourself
4. Use the button to **SAVE FORM TO DESKTOP**
5. Open your email application and start a new email message
6. Attach the SAVED FORM to the email
7. Address the email to "regaldanerescue@gmail.com"
8. Fill in the Subject line: SURRENDER APPLICATION and your name
9. Send the email.

Full Name(s) *

If married, please add both names to this form.

Email Address *

Address *

Address

City

State

Zip

Home Phone

Cell Phone *

PET

Name

Length of ownership?

Age? *

Dogs Birthday

Month Day Year

Breed?

Color? *

Gender? *

Male
Female

Spayed/Neutered? *

Yes
No

Microchipped? *

Yes
No

Where did you get the dog from? * If from a Breeder, is there a return clause in the Breeder's Contract?

Breeder Yes
Rescue No
Shelter

What food is the dog currently on? (Please put the full name that's on the bag)

How much do you feed the dog and how many times per day?

MEDICAL HISTORY

Last vaccinations

Has the dog been tested for heart worm? *

Yes
No

On a preventative? *

Yes
No

Has the dog had any illnesses or disabilities? *

Yes
No

If yes, please explain:

Is the dog currently on any medication? *

Yes
No

If yes, please list any medications and/or supplements:

Are you able to provide veterinary records? *

Yes
No

Last Vet visit:

Month Day Year

Name of Vet last seen

Phone Number

Address of Vet

TEMPERAMENT

How does the dog relate to the following?

Other dogs? *

Small dogs? *

Cats? *

Other animals? *

Children? *

Men? *

Women? *

Has the dog ever bitten another person or animal? *

Yes

No

If yes, please explain:

Is the dog house-trained? *

Yes

No

Is the dog crate trained? *

Yes

No

Does the dog use a doggy door? *

Yes

No

Does the dog walk well on a leash? *

Yes

No

Does the dog ride well in the car? *

Yes

No

Is the dog primarily indoors or outdoors most of the time? *

Indoors

Outdoors

Is the dog used to being around a pool? *

Yes

No

Has the dog had any formal training? *

Yes

No

If yes, please explain:

Does the dog have any behavioral issues? *

Yes

No

If yes, which type?

Separation Anxiety

Digging

Barking

Jumping

Chewing

Is there anything else we should know about the dog?

Please explain your reason for surrender

Are you able to make a donation to the Rescue to help in the care of your dog?

Yes

No

MEDICAL RELEASE

PLEASE NOTE: Your application cannot be processed without acceptance of this Release and Agreement.

Required *

By submitting this form, I hereby authorize:

the Doctor of Veterinary Medicine, named above, to disclose and/or release to Regal Dane Rescue, its agents, successors or assigns, either verbally or in writing, complete information concerning his or her medical findings, treatments and records about any animals for which I have sought care and/or treatment from the so named Doctor of Veterinary Medicine.

*(***Please contact your vet to let them know we will be calling. They may require your permission before speaking with us.***)*

OWNER SURRENDER AGREEMENT

Required *

I certify that:

I am the legal owner of the dog described above and warrant and represent that this dog has never shown signs of aggression towards human beings and further warrant and represent that this dog has not bitten me or any other individual while in my possession. I hereby voluntarily relinquish all claims and ownership of said dog to the organization known as Regal Dane Rescue. I am irrevocably transferring and relinquishing to Regal Dane Rescue legal ownership of, and microchip registration/re-registration rights to this dog on the date hereof. I further acknowledge understanding that the dog becomes the property of Regal Dane Rescue, and that Regal Dane Rescue will spay/neuter this dog, if intact, and will make every effort to place this dog in a new family setting.

Required *

I understand that:

if I wish to reclaim this dog from Regal Dane Rescue, I agree to undergo the same adoption requirements and approvals as a new owner and agree to reimburse Regal Dane Rescue for its expense of caring for the dog and any expenses associated with preparing and holding the dog for adoption.

Required *

I hereby certify:

that I have honestly answered all of the above questions, to the best of my knowledge, and have read and completely understand the above release.

Full Name(s)

If married, please add both names to this form.

Today's Date *

Month Day Year

Electronic Signature