



SURRENDER OF OWNERSHIP

I, _____ on this date _____ do hereby unconditionally surrender ownership of the following dog: Name _____ Sex _____ Spayed or Neutered _____ Birth Date _____ Age _____.

I hereby declare that I am the legal and sole owner of said dog and that there are no encumbrances to my title to him/her. He/she is hereby released and accepted with or without AKC registration and with no implied guarantees of placement hereafter. I further understand that by signing this document, I grant Emerald Coast Golden Retriever Rescue, Inc. and its agent's full authority to do whatever is necessary in the best interest of the dog.

I swear to the fact to the best of my knowledge, this dog **has never bitten another dog or human** and that this **dog has never shown any aggressive behavior**. I further understand any attempts to mislead or falsify information will result in my dog being denied acceptance into ECGRR.

Initial: _____

1. Has your dog ever bitten or attacked another human _____ or animal _____?
2. Is your dog thunder phobic _____ prone to allergies or hot spots _____ food or toy aggressive _____?
3. Compatible with other dog's _____ cats _____ children _____ other _____?
4. Commands: sit _____ stay _____ down _____ recall _____ good on leash _____?
5. Any other tricks _____? Any favorite treats or toys _____?
6. Is your dog on heart worm preventive? _____ Last date given: _____
Last test results _____
7. Is your dog on a flea preventive brand? _____ Last date given: _____
8. When was your dog's last rabies vaccination? _____
9. Date of last vet visit: _____
10. Vets Name, address & phone number: _____
11. Does your dog need or are they on any medications? _____
12. Do you have medical records _____ AKC Papers _____ Micro Chip# _____?

By signing this release I, _____, authorize all third parties including my veterinarian, to release any and all medical and related records regarding this dog to Emerald Coast Golden Retriever Rescue.

Signed: _____ owner (s) of Dog: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ E-Mail: _____
Witnessed by ECGRR Rep. _____

We are a nonprofit organization, if you are able to make a donation upon surrendering your dog this will help with future medical and general health care as well as feeding, toys, bathing, heart worm and flea preventive.

Donation Amount \$: _____