



## 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 \$:** \_\_\_\_\_