DFW
COCKER SPANIEL
RESCUE

P. O. Box 863704
Plano, Texas 75086
Phone: (972) 994-1133
Toll Free Fax: 888-726-6677
www.dfwcockerrescue.org

OWNER RELEASE FORM

DATE: _____ YOUR NAME(S): _____
[month/day/year]

ADDRESS: _____

DOG'S NAME: _____ BIRTHDATE: _____ SEX ☐ M ☐ F NEUTER/SPAY ☐ Y ☐ N
[common name and registered, if available]

COLOR/MARKINGS: _____ HOW LONG HAVE YOU OWNED DOG: _____
[also tatoos/tracer no.]

OBTAINED FROM: _____ ADDRESS: _____
[breeder/pet store/pound/rescue group/found] [for breeder/pet store/pound/rescue group/found]

REASON YOU ARE RELEASING DOG: _____
[barking, biting, hyperactive, housetraining, cost, medical, left alone]

HAS DOG BEEN LEFT ALONE DURING THE DAY? _____ IF SO, HOW LONG? _____
[number of hours]

WHERE? _____ REACTION? _____
[yard/crate/one room/entire house] [barking/scratching/chewing]

DESCRIBE PERSONALITY: _____

GOOD HABITS & TRAINING: _____

PROBLEMS & BAD HABITS: _____

DESCRIBE HEALTH: _____

NAME OF VET: _____ PHONE: _____

DATE OF RECENT VACCINATIONS: _____ HEARTWORM PREVENTATIVE? ☐ Y ☐ N

BRAND OF HEARTWORM PREVENTATIVE _____ HEARTWORM PREVENTATIVE DATE: _____
BRAND OF FOOD BEING CURRENTLY FED

YES OR NO
Circle One

☐ Y ☐ N GETS ALONG WITH OTHER DOGS. EXPLAIN _____

☐ Y ☐ N GETS ALONG WITH CATS. EXPLAIN _____

☐ Y ☐ N GETS ALONG WITH CHILDREN. EXPLAIN _____
[number, ages, supervised, teasing]

☐ Y ☐ N HOUSEBROKEN. EXPLAIN _____

☐ Y ☐ N CRATE-TRAINED. EXPLAIN _____

☐ Y ☐ N OBEDIENCE TRAINED. EXPLAIN _____

☐ Y ☐ N WALKS ON A LEASH. EXPLAIN _____

☐ Y ☐ N JUMPS UP ON PEOPLE. EXPLAIN _____

☐ Y ☐ N CHEWS. EXPLAIN _____

☐ Y ☐ N BARKS. EXPLAIN _____

☐ Y ☐ N SNARLS OR GROWLS. EXPLAIN _____

☐ Y ☐ N BITES, BITTEN OR ATTEMPTS TO BITE. EXPLAIN _____
[full details requested]

_____

☐ Y ☐ N RIDES IN CAR. EXPLAIN _____

☐ Y ☐ N REACTS TO STRANGERS. EXPLAIN _____

☐ Y ☐ N BEHAVIORAL PROBLEMS. EXPLAIN _____

☐ Y ☐ N MEDICAL PROBLEMS. EXPLAIN _____

☐ Y ☐ N VET RECORDS AVAILABLE. EXPLAIN _____

☐ Y ☐ N REGISTERED WITH KENNEL CLUB. EXPLAIN _____

☐ Y ☐ N WILLING TO CONTRIBUTE FOOD, MEDICINE, TOYS, EQUIPMENT, SUPPLIES. _____

☐ Y ☐ N WILLING TO DONATE MONEY FOR MAINTENANCE. EXPLAIN _____

Any other information we should know/additional comments:

_____

_____

OWNER'S CERTIFICATE

I UNDERSTAND THAT

1. The dog described above is to be placed in a foster home with a volunteer caregiver.
2. The dog's description and the details I have provided will be published by DFW Cocker Spaniel Rescue ("cocker rescue").
3. Cocker rescue will attempt to find a suitable permanent home for the dog.
4. Cocker rescue may humanely euthanize the dog in the event that the health or temperament of the dog prevents this dog from being placed as a companion pet. (this is only in if the dog suffers from severe aggression or incurable illness)

I certify that

1. The details I have provided are true, complete and correct, to the best of my knowledge.
2. The dog has not bitten any person in the last ten (10) days.
3. I am the legal owner or only known custodian for this dog. I know of no other person who has any claim to this dog.

A. I HEREBY VOLUNTARILY TRANSFER CUSTODY, CONTROL AND OWNERSHIP OF THE DOG DESCRIBED ABOVE TO COCKER RESCUE.

B. I HEREBY RELEASE AND INDEMNIFY COCKER RESCUE, THEIR OFFICERS, DIRECTORS, VOLUNTEERS, CONTRACTORS, EMPLOYEES AND AGENTS FROM ANY CLAIMS, PRESENT OR FUTURE, KNOWN OR UNKNOWN, RELATING IN ANY WAY TO THE DOG DESCRIBED ABOVE.

C. A $50 OWNER SURRENDER FEE IS REQUIRED AT TIME OF SURRENDER.

DATE: _____ OWNER(S): _____

PHONE NO. _____

COCKER RESCUE REPRESENTATIVE: _____