

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 [month/day/year]	(s):
Address:	
DOG'S NAME: BIRTHDATE [common name and registered, if available]	E:Sex: M F Neuter/Spay Y N
COLOR/MARKINGS:	How Long Have You Owned Dog:
OPTAINED EDOM	Approc
OBTAINED FROM:[breeder/pet store/pound/rescue group/found]	ADDRESS: [for breeder/pet store/pound/rescue group/found]
REASON YOU ARE RELEASING DOG:	ing, biting, hyperactive, housetraining, cost, medical, left alone]
HAS DOG BEEN LEFT ALONE DURING THE DAY?	•
WHERE?[yard/crate/one room/entire house]	[number of hours] REACTION? [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 PREVENTATIVEBRAND OF FOOD BEING CURRENTLY FED	HEARTWORM PREVENTATIVE DATE:

YES	OR NO	
Υ	N	GETS ALONG WITH OTHER DOGS. EXPLAIN
Υ	N	Gets along with cats. Explain
Υ	N	GETS ALONG WITH CHILDREN. EXPLAIN
Υ	N	HOUSEBROKEN. EXPLAIN
Υ	N	Crate-Trained. Explain
Υ	N	OBEDIENCE TRAINED. EXPLAIN
Υ	N	Walks on a Leash. Explain
Υ	N	JUMPS UP ON PEOPLE. EXPLAIN
Υ	N	CHEWS. EXPLAIN
Υ	N	Barks. Explain
Υ	N	Snarls or Growls. Explain
Υ	N	BITES, BITTEN OR ATTEMPTS TO BITE. EXPLAIN[full details requested]
Υ	N	RIDES IN CAR. EXPLAIN
Υ	N	REACTS TO STRANGERS. EXPLAIN
Υ	N	BEHAVIORAL PROBLEMS. EXPLAIN
Υ	N	MEDICAL PROBLEMS. EXPLAIN
Υ	N	VET RECORDS AVAILABLE. EXPLAIN
Υ	N	REGISTERED WITH KENNEL CLUB. EXPLAIN
Υ	N	WILLING TO CONTRIBUTE FOOD, MEDICINE, TOYS, EQUIPMENT, SUPPLIES.
Υ	N	WILLING TO DONATE MONEY FOR MAINTENANCE. EXPLAIN

Any ot	her information we should know/additional comments:
	OWNER'S CERTIFICATE
I Und	ERSTAND THAT
1. 2.	The dog described above is to be placed in a foster home with a volunteer caregiver. The dog's description and the details I have provided will be published by DFW Cocker Spaniel Rescue ("cocker rescue").
3. 4.	Cocker rescue will attempt to find a suitable permanent home for the dog. 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 certi	fy that
2.	The details I have provided are true, complete and correct, to the best of my knowledge. The dog has not bitten any person in the last ten (10) days. 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 . B.	I HEREBY VOLUNTARILY TRANSFER CUSTODY, CONTROL AND OWNERSHIP OF THE DOG DESCRIBED ABOVE TO COCKER RESCUE. 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.
Date:	OWNER(S):
	PHONE No

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Cocker Rescue Representative: