ATLANTIC CANADIAN DACHSHUND RESCUESURRENDER FORM
www.atlanticdaxrescue.com

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| Please be as honest and detailed as possible. The more we know about your pet, the better able we are to re home it in a loving and appropriate environment |

|  |  |
| --- | --- |
| **Today’s Date:** |  |
| **Pet’s Call Name:** |  |
| **Pet’s Full Name:** |  |
| **Registration: (if applicable)** |  |
| **Microchip Info: (company & registration number)** |  |
| **Breed:** |  |
| **Colour and Coat Type:** |  |
| **Distinguishing Marks:** |  |
| **Date of Birth:** |  |
| **Breeder:** |  |
| **Where obtained:** |  |
| **Current Owner’s name(s) - Include all co-owners** |  |
| **Address:** |  |
| **Telephone number:** |  |

Why are you giving this dog up for adoption?

Veterinarian Information

|  |  |
| --- | --- |
| **Name:**  |  |
| **Address:** |   |
| **Telephone number:** |   |
| **Date of last check-up:**  |  |
| **Last Vaccinations: DHLP**  |  |
| **Rabies**  |  |
| **Heartworm check:**  |  |
| **Due date for Vaccinations and Heartworm check:** |  |
| **Name of Heartworm Preventative:**  |  |
| **Name of Flea Preventative Program:**  |  |

Medical History

It would be very helpful if a copy or the originals of the dogs’ veterinary history could be provided to the rescue. Please attach to this form. Please check and explain any applicable conditions or ailments this dog has had in the past or may be experiencing now:

|  |  |
| --- | --- |
| **Spayed / Neutered** |  |
| **Allergies**  |  |
| **Spinal injuries/episodes**  |  |
| **Mites/Fleas/Ticks**  |  |
| **Urinary Tract Infection**  |  |
| **Weak bladder/bowel**  |  |

Are you aware of any other conditions/diseases/illnesses that this dog currently has or may have had in the past?

Does this dog require medication for any temporary or ongoing problem?

Personality (please give us some indication of this dog’s personality i.e. dominant/submissive etc.)

Behaviour Concerns: It is important that you list any and all behaviour problems/concerns. We want your pet to go to a good, permanent and loving home. To accomplish this, we need to know as much about his/her good and bad traits as possible.

Is this dog:

|  |  |
| --- | --- |
| **Housebroken 100% Accidents** |  |
| **Crate Trained**  |  |
| **Baby-gate Trained**  |  |
| **X-Pen Trained**  |  |

Where does this dog spend the day?

|  |  |
| --- | --- |
| **Runs free inside the house**  |  |
| **Confined to a room (which room?)** |  |
| **In the yard (what type of fencing do you have?)** |  |
| **In a crate**  |  |
| **Other**  |  |
| **Does your dog have access to a doggie door?** |  |
| **How many hours a day is your dog left alone?** |  |
| **To your knowledge, has your dog bitten anyone? If so, please provide all of the details of the incident and whether or not charges were laid.** |  |
| **Does your dog suffer from separation anxiety? If so, please let us know how he/she expresses their anxiety, i.e. crying, barking, destructive behaviour.** |  |

Diet/Feeding Information

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| --- |
| **Schedule: (# of times per day/ time/ amount at each feeding**  |

|  |  |  |
| --- | --- | --- |
| **Brand name of current food:**  | Dry: |  |
|  | Moist: |  |
|  | Supplements: |  |

Miscellaneous

Special Likes/Dislikes:

Does your dog like/dislike the following:

|  |  |
| --- | --- |
| **Grooming**  |  |
| **Brushing teeth**  |  |
| **Nail clipping**  |  |
| **Baths**  |  |
| **Petting**  |  |
| **Being picked up**  |  |
| **Riding in the car**  |  |
| **Walks**  |  |
| **Other dogs:**  |  |
| **Cats:**  |  |
| **Small animals:**  |  |
| **Children under 6:**  |  |
| **Older children:**  |  |
| **Men:**  |  |
| **Women:**  |  |

Any special instructions or information you would like us to know?

NOTES:

List of Possessions transferred with this pet:

Release Form

I am the owner(s) of this animal and hereby relinquish all present and future rights and claims to this animal, known as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and possessions transferred with it to Atlantic Canadian Dachshund Rescue. I certify that I have fully informed the individual(s) and/or organization(s) above of all known or suspected problems and concerns about this animal. Further, I have indicated all information possible to ensure the animal’s continued happiness and welfare. I understand that I may not be provided with information about this animal’s whereabouts. To the best of my (former owner) knowledge, this dog has no defects that would make it unsuitable as a family pet (\*\*please indicate limitations in NOTES section of this form\*\*) If completing this form online, by typing your name on the signature line you are legally surrendering your dog into our care and accepting all terms set out in the release.

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| --- | --- | --- |
|  |  |  |
| **Former Owner (Signature)** |  | **For Atlantic Canadian Dachshund Rescue (signature)** |
|  |  |  |
| **Print Name** |  | **Print Name** |
|  |  |  |
| **Date (D-M-Y)** |  |  |

