**ATLANTIC CANADIAN DACHSHUND RESCUESURRENDER FORM**

Please be as honest and detailed as possible. The more we know about your pet, the better able we are to rehome them to a loving and appropriate environment.

Today’s Date:

Pet’s Name:

Registration (if applicable):

Microchip Info (company & registration number):

Breed:

Colour and Coat Type:

Distinguishing Marks:

Date of Birth:

Breeder (if known):

Where obtained:

Surrendering Owners’ Names (include all co-owners):

Address:

Cell Phone / Home Phone:

Why are you giving this dog up for adoption?

**Veterinarian Information**

Name:

Address:

Phone Number:

Date of Last Check-up:

Last Vaccinations:

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 the dog’s veterinary history could be provided to the rescue.

**Please contact your vet, to give permission to release records to ACDR.**

Please check any applicable conditions or ailments this dog has had in the past or may be experiencing now:

❑ Spayed ❑ Neutered ❑ Allergies ❑ Mites ❑ Fleas ❑ Ticks

❑ Eye injury/issues ❑ Spinal injuries/episodes ❑ Urinary Tract Infection

❑ Weak bladder ❑ Bowel issues ❑ Previous illness/diagnosis

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

Please explain any checked boxes from above, as needed.

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

**Personality** (please give us some indication of this dog’s personality. Example: dominant or submissive, happy-go-lucky, sweet & cuddly, etc)

Do you have other pets in the home? If yes, how do they get along? List their name, age, species, and a description of them.

**Behaviour**

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 their good and bad traits as possible.

Is this dog:

❑ House trained ❑ Crate trained ❑ Pee pad trained ❑ Baby-gate trained

Where does this dog spend the day?

❑ Runs free inside the house ❑ Confined to a room (which room?)

❑ In the yard (fenced/in a dog run/free to roam) ❑ In a crate

❑ Has access to a doggie door ❑ Other (please explain):

How many hours a day is your dog left alone?

To your knowledge, has your dog ever bitten anyone? ❑ Yes ❑ No

If yes, please provide details of the incident and whether or not charges were laid.

Does your dog suffer from separation anxiety? ❑ Yes ❑ No

If yes, please let us know how they express their anxiety. Example: crying, barking,

destructive behaviour, etc.

**Diet/Feeding Information**

Name of current food: Amount fed at each meal:

How many times a day: What times:

Type of food:

❑ Kibble ❑ Canned ❑ Raw ❑ Homemade

**Miscellaneous - Special Likes/Dislikes:**

Indicate whether your dog likes or dislikes each of the following. Explain further, if needed:

Grooming: ❑ like ❑ dislike Other dogs: ❑ like ❑ dislike

Brushing teeth: ❑ like ❑ dislike Cats: ❑ like ❑ dislike

Nail Clipping: ❑ like ❑ dislike Small animals: ❑ like ❑ dislike

Baths: ❑ like ❑ dislike Children under age of 6: ❑ like ❑ dislike

Petting: ❑ like ❑ dislike Older children: ❑ like ❑ dislike

Being picked up: ❑ like ❑ dislike Men: ❑ like ❑ dislike

Riding in the car: ❑ like ❑ dislike Women: ❑ like ❑ dislike

Walks: ❑ like ❑ dislike

Explanation:

**List of possessions transferred with this pet:**

**Is there any further information you would like to include?**

**Release Form**

I confirm the owner of the animal known as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(please list ALL people with an ownership interest in the animal).* I confirm, to the best of my knowledge, the person(s) listed is/are the only people with an ownership interest in this animal.

As the owner(s) of this animal, I 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*owner name*) hereby agrees to indemnify Atlantic Canadian Dachshund Rescue, its respective subsidiaries and agents against any and from all claims including but not limited to, liability, demands and causes of action arising from or related to any loss, damage, punitive damages, reasonable legal fees and costs whatsoever which result from the surrender of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*animal name*) to Atlantic Canadian Dachshund Rescue on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*date*).

As surrendering owner, to the best of my knowledge, any behaviours and/or medical issues listed above, should not make this dog unsuitable for a family pet.

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 this release.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surrendering Owner Signature Atlantic Canadian Dachshund

 Rescue Representative Signature

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Print Name Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (D-M-Y) Date (D-M-Y)

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