



SHELTIE RESCUE OF SOUTHERN MAINE

356 Mountain Rd., Arundel, Maine 04046-8324

Phone: 207-284-8515 or Cell: 207-205-7945 Fax: 207-209-4772

sheltierescueofsouthernme@gmail.com <http://www.sheltierescueofsouthernmaine.com>

OWNER SURRENDER AGREEMENT

I/we, _____, hereby surrender to *Sheltie Rescue of Southern Maine* (hereafter referred to simply as "*SRofSoME*") a sheltie known as _____, age _____. I/we turn over full ownership and responsibility of this dog to *SRofSoME* as of this date, _____.

I/we understand that with this instrument the dog becomes the property of *SRofSoME*. And, with this instrument I/we also understand *SRofSoME* will be finding and placing this dog in a new home, with a written, dated and signed contract, stating the complete understanding with the new owners that if for any reason it does not work out/ or the new owners can no longer take care of the dog that the dog will come back to *SRofSoME*.

We also understand that by signing this agreement we are giving up any contact with and knowledge about this dog, other than knowing that he/or she has been placed in a good home we understand that any other information regarding the whereabouts, who the new owners are or the wellbeing of said dog will not be disclosed to us under any circumstances.

We have read and understand the terms, and by signing this release agreement are in complete agreement.

Date: _____

Owner(s) Signature: _____

Owner(s) Signature: _____

Witness: _____
(Printed Name)

(Signature)

PLEASE FILL OUT THE FOLLOWING SECTIONS AS COMPLETELY AS POSSIBLE

Please use Yes, No or N/A if not applicable. Additional space is provided for additional comments or explanations on any of your answers on page 4-5.

Does the dog like/tolerate?

Other dogs		Cats		Play	
Children		Walks		Water	
Riding in a car		Strangers			
Others					

Has the dog been?

Tied		Beaten		Doghouse	
Chained		House Dog		Crate Trained	
Loose		Kenneled			
In Yard all times		Yard Part time			
Others					

Habits?

Housebroken		Howling		Runs	
Barking		Finicky eater		Gulps Food	
Use to collar and leash		Walks nicely on leash		Jumps on people	
Digging		Escape artist		Jumps fences	
Destructive		Vindictive		Chews	
Guards his/her food					
Signals to go out		What signal?			
Tricks		What Trick?			
Training		What Training?			
Titles		What Titles?			
Other					

Temperament?

Friendly		Enthusiastic		Outgoing	
Suspicious		Cautious		Timid	
Anxious to please		Happy-go-lucky		Shy	
Aggressive		Protective		Hyper	
Untrainable		Very trainable/obedient		Reserved	
Adaptable		Calm		Stubborn	
Lethargic		Fearful			
Can you add anything else?					

What is the dog's general temperament? _____

Has the dog ever bitten a person? Yes ___ No ___ Explain: _____

What action was taken? _____

Food & Medications:

What brand food are you feeding? _____ # of feedings _____ Amount per feeding _____

Medications:

Are there any medications that this dog has reactions to: _____ if yes, please list them.

Medical History:

Is this dog current on vaccines? _____

<i>Vaccination</i>	<i>Y/N/NA</i>	<i>Date Done</i>	<i>Date Due</i>
Distemper			
Rabies			
Parvo			
Lyme			
Leptospirosis			
Bordetella			

When was this dogs last Heartworm Test? _____ Results? _____

Is this dog on Heartworm preventive: _____ if so, what brand? _____

When was the last heartworm preventive given? _____ Next due date? _____

Is this dog on Flea & Tick medication: _____ if so, what brand? _____

When was the last Flea & Tick medication last given? _____ Next due date? _____

Fecal check: Date _____ Results _____ Spayed/Neutered _____

Has this dog had any other surgeries other than being altered: _____ if so, please list? _____

Has this dog had any dental cleanings and extractions done: _____ if so, what were the date or dates?

Other medical history, please list: (any other illnesses, injuries, allergies, surgeries, or physical problems known)?

Is there anything else that you would like to tell us or add that you feel is important or special, that you think we should know about that we did not ask you about? _____

Additional space for comments and explanations:



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Authorization to Release Veterinary Medical Records

Veterinary Hospital: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email: _____

Owner Information

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Pet(s) Information

Pets Name(s): _____

Please include copies of:

My complete records, including, all test results, x-rays, vaccination history, heartworm test records, fecal test records and any other medical information contained in my pet's records.

I certify that I am the owner or authorized agent of the pets listed above, and hereby request and authorize the above veterinary hospital to release the requested medical information for my pet(s) to Sheltie Rescue of Southern Maine.

Date: _____

Owners Name: _____ Signature: _____

PLEASE MAIL THE REQUESTED MEDICAL RECORDS TO
SHELTIERESCUE OF SOUTHERN MAINE
356 Mountain Rd., Arundel, Maine 04046-8324
THANK YOU

SRofSoME USE ONLY

Dog Identification

Rescue # _____

Contact/Referrals Name _____ Phone: _____

Address: _____ City _____ ST _____ Zip _____

Rescue # _____ Date Adopted: _____ Papers: _____

Adoption Fee \$ _____ Adoption Contract _____ Application Approved on _____

New Adoption _____ Repeat Adoption _____ New Adopter _____ Repeat Adopter _____

New Owner: _____

Address: _____ City _____ ST _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email _____

New Owner: _____

Address: _____ City _____ ST _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email _____