



SHOREWOOD COCKER RESCUE

Owner Relinquish Form

Please note: We cannot accept dogs with a bite history

Owner's Name: _____

Address: _____

City/State/Zip Code: _____

Phone(s): _____ Email Address _____

Date: _____

Dog's Name: _____ Dog's Age: _____

DOB: _____ Where obtained _____

Name and phone number of dog's groomer

How often is dog groomed _____

Color: _____ Sex: _____ Purebred Yes ___ No ___

Altered: Yes ___ No ___ Date of Alter: _____

Does the dog like (Yes, No or ? if unsure due to no exposure to) :

Other dogs _____ Cats _____

Children _____ Walks _____

Riding in the car _____ Strangers _____

Playing with toys _____

Other: _____

Has the Dog ever been (Yes or No):

A house dog _____ Crate Trained _____

An outside dog _____ Tied outside _____

Allowed to run loose _____ Been bred _____

In fenced yard _____ What % of day: _____

Abused by a person _____ Neglected _____

Attacked by other animal _____ Hit by car _____

Comments: _____

The Dog's Temperament (yes, no or ? if not sure):

Friendly _____	Anxious to please _____
Cautious _____	Shy _____
Aggressive _____	Afraid of People _____
Reserved _____	Scared _____
Confident _____	Outgoing _____
Dominant _____	Submissive _____
Loves everyone _____	Obedient _____
Protective of food _____	Protective of toys _____
Hyper _____	Calm _____
Stays nearby if loose _____	Will run away if loose _____
Loves other dogs _____	Used to being around other dogs _____
Good with children _____	Used to being around small children _____
Used to being around cats _____	

ANY Dislikes: _____

Has this Dog ever bitten a person: Yes _____ No _____

If yes, please give date and details:

Action Taken:

Habits (check mark any that apply):

Housebroken (checkmark one of the below) :

Always _____ Sometimes _____ Not at all _____

Explain: _____

needs out _____ How: _____

Will signal if

Howls _____	Cries at night _____
Barks _____	Finicky eater _____
Walks on lead _____	Used to wearing a collar _____
Digs _____	Escape artist _____
Jumps fences _____	Chews _____
Destructive _____	

Any other bad habits: _____

Tricks: _____

Words dog knows: _____

Titles or Awards: _____

Medical History:

Last Vet Visit: _____

Veterinarian Name: _____

Phone: _____

City/State: _____

Heartworm Test Given: _____ Date: _____

Heartworm Preventative Given: _____

Allergic to Anything: _____

Needs to be On ANY Medication? Yes ___ No ___

(if yes, what medications): _____

Are you delivering medication along with the dog: Yes ___ No ___

What kind of food is your dog currently eating _____

How often and in what quantity do you feed your dog _____

Items you are sending with Dog (check mark any that apply):

- | | |
|-----------------|-----------------------|
| Toys ___ | Food ___ |
| Collar ___ | Leash ___ |
| Crate ___ | (type of crate) _____ |
| Vet Records ___ | AKC papers ___ |

Please indicate your reason for surrendering this dog and be as up front as possible because our goal is to find a good match for this dog, not just someone who will take it. The more we know about why the dog didn't work out for you, the better we are able to find a family that can deal with the problematic behaviors.

Please read, sign and date the following:

I, _____, hereby transfer complete ownership of the Cocker, named _____, to Shorewood Cocker Rescue. I am giving this dog to Shorewood Cocker Rescue knowing that they will place this dog in an adoptive home. I certify that I am the sole, rightful owner of this dog, free and clear of all other interests. I certify that all the information I have given above, is true and complete, and I have not willfully concealed any information about this dog. I hereby forever release, discharge and agree to hold harmless and indemnify Shorewood Cocker Rescue, and agents from all claims, demands, actions, causes of action, or liability of any kind whatsoever arising as a result of, or in connection with the adoption or other disposition of the above named dog.

I understand that Shorewood Cocker Rescue does not buy or pay for dogs. This is a service to help place Cockers in new homes when their present owners can no longer keep them. This service is free, however a donation to help pay for expenses is appreciated. Optional donation of \$ _____ being made.

I agree / do not agree (circle one) to allow my name and phone number to be given to the new owner of this dog, so that the new owner may contact me if he/she wishes, to gain any further information on this dog.

SIGNATURE OF OWNER: _____

DATE: _____

WITNESS: _____

DATE: _____

Please send the following items to the people listed below:

This completed form and any owner provided paperwork to:	Any donation to:
Elaine Baumann 927 N. Lake Ave PO Box 584 Twin Lakes, WI 53181	Donna Pfingsten 2106 Blackbridge Road Janesville, WI 53545 (Please be sure to indicate what the check is for.)