



Western PA Sheltie Rescue Relinquishment Form

| BASIC INFORMATION | | | |
|--|------------------------|--------------------------------|------------------|
| <u>Dog's Name</u> | <u>Age</u> | <u>DOB</u> | <u>Sex</u> |
| <u>Color</u> | <u>Height?</u> | <u>Spayed?</u> | <u>Neutered?</u> |
| <u>Date of Spay/Neuter?</u> | <u>Crate trained?</u> | <u>Housebroken?</u> | |
| <u>Walks on leash?</u> | <u>Potty on leash?</u> | | |
| <u>Has this dog ever bitten or attempted to bite a person?</u> | | <u>Yes</u> | <u>No</u> |
| <u>Is this dog aggressive towards children?</u> | | <u>other dogs?</u> | <u>cats?</u> |
| <u>Please explain in detail:</u> | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| MEDICAL HISTORY | | | |
| <u>Current Veterinarian's Name</u> | | <u>Phone #</u> | |
| <u>Date of last Vet visit?</u> | | <u>Last Rabies shot?</u> | |
| <u>Is dog up-to-date on other inoculations?</u> | | <u>Last inoculations date?</u> | |
| <u>Heartworm tested? Yes _____ No _____ Results? Positive? Yes? _____ No? _____</u> | | | |
| <u>Treatment performed?</u> | | | |
| <u>Heartworm Preventative? Yes _____ No _____ Date heartworm pill due? _____</u> | | | |
| <u>Heartworm medication being used monthly? _____</u> | | | |
| <u>Allergic to anything?</u> | | <u>Needs ANY medication?</u> | |
| <u>List all medications needed:</u> | | | |
| <u>Date of last fecal test? _____ Results of test? Positive? _____ Negative? _____</u> | | | |



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If fecal results were positive, what parasites were detected? _____

Vet treatment given? _____ Follow up fecal performed to check that treatment was effective? Yes _____ No _____ Additional treatment necessary? Yes _____ No _____

If yes, please explain _____

Flea & Tick treatment being used regularly? _____ Which product was used? _____

On what date of the month did you administer treatment? _____

HABITS/LIKES/DISLIKES

What food do you feed? _____ How much? _____

Times per day? _____ Am? _____ PM _____

What room is the dog fed? _____

Where does dog sleep? _____ Has dog been allowed on furniture? _____

Any strong fears of thunder, lightning, loud noises, confinement or being alone? _____

Please explain: _____

Has dog had any schooling/training? _____ Explain: _____

Does dog know any commands? Sit _____ Stay _____ Heel _____ Come _____

Explain: _____

Dog's favorite treats? _____ Toys? _____

Games? _____



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Any additional comments you would like to make concerning the surrendered dog?

I, the undersigned, hereby transfer complete ownership of the above named dog to Western PA Sheltie Rescue, with exception of any and all summons, law suits and damages caused by the above mentioned dog. I certify that I am the sole rightful owner and that I have answered all questions truthfully to the best of my ability and knowledge. I also agree to relinquish all health records for above mentioned dog to Western PA Sheltie Rescue. I understand that this dog will be placed in an approved adoptive home and I will no longer have any contact with said dog or its adoptive family. All claims to this dog are relinquished on this date.

Owner: _____ Date: _____

Address: _____ City: _____

State: _____ Zipcode: _____ Phone: _____

WPASR Surrender Representative _____ Date: _____

Donation made (but not mandatory) in the amount of: \$ _____