

SUNSHINE AIREDALERS OF FLORIDA
SURRENDER FORM

Dog's Name: _____ Sex: M/F ____ Neutered/Spayed: Y/N ____ Weight: _____

Date of Birth, or approximate age of this dog: _____ Rescue number: P _____

Obtain Photo of Airedale to confirm breed: Yes / No

Name and address of Owners (or person legally qualified to release this dog into rescue)

Name _____

Address _____

Phone _____ Email : _____

Name of breeder if known: _____

Phone and/or email of breeder, if known: _____

HEALTH RECORD (if possible, attach or forward vet records)

Veterinarian _____ Phone _____

Date of last DHLPP _____ Rabies _____ Heartworm check _____

Currently on Heartworm Preventative? Y/N ____ Brand _____ Date of last pill _____

Microchip Manufacturer and chip # _____

Any Allergies (food or meds)? _____ Other chronic problems _____

Any skin issues? _____

Currently on any medication? _____ If so, what and what for? _____

Has this dog been neutered/spayed? Date _____ attached proof: _____

Diet: Brand of food _____ How much and schedule of feeding: _____

PREVIOUS HABITAT AND HABITS

Inside Dog: House ____ Apartment ____ Walked ____ Fenced Yard ____ Dog Door ____

Outside Dog: Chained ____ Fenced Yard ____ Dog Run ____

Type/Ht of fencing needed: _____

Is Dog familiar with pools/water? _____

Good riding in a car? _____ Good with groomer? _____

Current Family Members & Ages _____

Okay with: Men ___ Women ___ Young Children ___ Other Dogs _____ Cats _____

Housebroken? ___ Crate Trained? _____ Obedience Trained ? _____

Leash Trained? _____ High prey drive? _____ Bolter? _____ Escape Artist? _____

Jump or Climb a fence? _____ Separation Anxiety? _____

Had Run of House? ___ Allowed on Furniture? ___ Have Dog Bed? ___

Where did Dog Sleep? _____ Where was Dog when no one Home? _____

Is Dog destructive? ___ When left alone? ___ Or Anytime? ___

Countersurfer? _____

Does dog have any fears? _____

Does he/she "talk" or growl? ___ If so, under what circumstances _____

Is there anything that you know this dog dislikes or is there anything we should warn prospective owners about?

Is there anything you DON'T LIKE about this dog? _____

HAS THIS DOG EVER BITTEN ANYONE If so, WHEN? (Date) _____

WHAT WERE THE CIRCUMSTANCES? _____

I understand if I withhold truthful information about any biting history of this dog, I could be held liable for future attacks by this dog.
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When releasing this dog into Airedale Rescue, please provide all veterinary certificates (such as proof of neutering/spaying and rabies/ vaccinations), which are required for proper licensing of the dog. All health records that you are able to supply will help us to insure the proper medical attention for this dog and will be greatly appreciated.

I declare that I am the legal owner of this dog, or person legally qualified to release this dog into this rescue program. I also understand that I hereby voluntarily relinquish all claims to this dog.

Signed: _____ Date: _____

Printed Name of Legal Owner No. 1 : _____
(Both spouses/partners must sign surrender form)

Signed: _____ Date: _____
Printed Name of Legal Owner (spouse or second owner)

Sunshine Airedalers Representative _____

Additional comments about your dog' behavior, habits, preferences, feeding schedule, anything that you believe will keep him comfortable, please use this page.