

# FaerieLand Rescue



PO Box 213, Anoka, MN 55303  
612-414-4073 phone  
866-314-2402 fax  
[faerielandrescue@gmail.com](mailto:faerielandrescue@gmail.com)  
[www.faerielandrescue.org](http://www.faerielandrescue.org)

## Release of Dog Ownership

Date: \_\_\_\_\_

Name of Dog : \_\_\_\_\_ (include call name)

Breed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Color(s)/Markings of dog: \_\_\_\_\_ Scars / tattoos / injuries: \_\_\_\_\_

Gender: Female/Male (circle one) Age: \_\_\_\_\_ Spayed/Neutered Yes / No Weight: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_ Veterinarian Phone \_\_\_\_\_

Vet\_Hospital/Clinic: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Microchip: Yes/No: If Yes-provide Microchip # and brand \_\_\_\_\_

Medical Information: **\*\* (OWNER TO PROVIDE ALL MEDICAL RECORDS W/ DOG)**

On heartworm preventative: Yes /No If yes, type/brand \_\_\_\_\_

Date of last rabies vaccine: \_\_\_\_\_ Due next: \_\_\_\_\_

Date of last DHPP: \_\_\_\_\_ Date of last Bordetella: \_\_\_\_\_

Type and brand(s) of dog food: \_\_\_\_\_

Amount/how often fed: \_\_\_\_\_

Behavioral Issues: Yes / No

*If yes, explain in detail on separate sheet or back of this form*

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## RELEASE OF OWNERSHIP

I agree and understand that I am giving up all rights of possession and ownership of this dog. And that I will not be able to redeem said dog at any time, nor will I be allowed to know the dog's specific whereabouts. I agree and understand that said dog is now the "sole property" of FaerieLand German Shepherd & Welsh Corgi Rescue, Inc.. FaerieLand Rescue will not assume any financial obligations for monies spent on this dog to date.

I promise that the information that I am giving is accurate and that FaerieLand Rescue will not be held liable or chargeable for any false information or misrepresentations that I may have submitted on this form. I further agree and understand that FaerieLand Rescue will evaluate this dog to determine whether or not the dog being surrendered will be considered "adoptable." FaerieLand Rescue cannot guarantee placement.

I stipulate that the above information is true and correct to the best of my knowledge and I have divulged all pertinent information relating to this dog. I also stipulate that, to my knowledge, this dog has never bitten a human being or other animal \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (initial here)

**Print Name of Previous Owner:** \_\_\_\_\_

**Signature of Previous owner:** \_\_\_\_\_

**Previous Owners Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Date:** \_\_\_\_\_