

# Finnish Spitz National Rescue

23 Grand Canyon Drive  
Los Alamos, New Mexico 87544  
Phone: 505-672-0717  
[surrender@finnishspitzrescue.org](mailto:surrender@finnishspitzrescue.org)

## *SURRENDER AGREEMENT*

Your answers to these questions help us determine the best homes for your dog.

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### OWNER INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

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### DOG INFORMATION

Name of Dog: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_  
Color of Dog: \_\_\_\_\_ DOB: \_\_\_\_\_  
Scars, Tattoos, or Injuries: \_\_\_\_\_  
Spayed/Neutered:  Yes  No

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### MEDICAL INFORMATION

Veterinarian/Animal Hospital: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Current Medical Problems: \_\_\_\_\_

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### HEARTWORM

Date of Last Test: \_\_\_\_\_ Preventative:  Yes  No Date of Last Pill: \_\_\_\_\_

### RABIES

Up to Date:  Yes  No Date of Last Rabies Vaccine: \_\_\_\_\_

### OTHER

DHLPP Up to Date:  Yes  No Date of Last DHLPP: \_\_\_\_\_  
Bordetella:  Yes  No Date of Last Bordetella: \_\_\_\_\_

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### FOOD INFORMATION

Brand(S) Of Dog Food: \_\_\_\_\_  Dry  Canned  
How Often Fed:  Once Daily  Twice Daily  Free Fed

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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 whereabouts although I may visit the rescue site and sometimes updates and pictures are posted about the dog. My relinquishment of said dog is in exchange for said dog to enter ***Finnish Spitz National Rescue*** for evaluation and placement. I agree and understand that said dog is now "sole property" of ***Finnish Spitz National Rescue***. I do hereby give authorization to ***Finnish Spitz National Rescue*** to obtain all veterinary records on said dog. I promise that the information that I am giving is accurate and that ***Finnish Spitz National Rescue*** will not be held liable or chargeable for any false information or any misrepresentations that I may have submitted on this form. I also sign this surrender agreement honestly and truthfully that said animal has never bitten any human being. Should said dog pose a danger to itself or anyone else, I do hereby fully understand that ***Finnish Spitz National Rescue*** will have the authority to euthanize said dog if necessary to prevent it from endangering anyone, and I will not be notified per my agreement to relinquish said dog to rescue.

***Please have the following items, if available, when you meet with a rescue representative:***

- Dog food
- Toys
- Treats
- Crate
- Dog Bed
- AKC papers or other proof of age
- Any other medications
- Leash, collar, harness, etc
- Rabies tag
- Photographs

**Additional Comments:**

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Owner's Signature: \_\_\_\_\_

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

Rescue Signature: \_\_\_\_\_

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