



Relinquishment Form - Dog

Dog's Name: _____ Date: _____

UAF ID# (if applicable) _____ Age: _____ Gender M F Spayed/Neutered Yes No

Approximate Weight: _____

Breed(s) _____ Color(s): _____

How long have you had this dog? _____ How did you obtain this dog? _____

Dog's personality - check all that apply:

- Shy Outgoing Easygoing Playful Dominant Quiet
- Affectionate Excitable Fearful Mellow Needy

Dog's behaviors - check all that apply:

- Barky Chewer Jumps Up Digger Escapes Nippy Aggressive

What is your dog's energy level? High Medium Low

Dog's Training - check all that apply: Housetrained Doggie Door-Trained
 Crate Trained Rides well in cars Good on Leash

My dog is comfortable with: Babies Children Men Women

Cats Male Dogs Female Dogs Small pets Livestock Horses

What is my dog's situation: Allowed indoors Sleeps indoors Sleeps in bedroom

Brand of food used _____ Amount of food _____

Special Needs or concerns: _____

Reason for Relinquishing _____

Release of Veterinary Records

My veterinarian is _____ Phone: _____

I agree that UAF can obtain veterinary records regarding my dog _____.

I also agree to phone my veterinarian clinic to tell them that I am permitting the release of medical records for this dog.

Guardian Signature _____ Date: _____

Are vaccinations current? Yes No

List all vaccinations and dates _____

List any health problems _____

Please attach rabies certificate, proof of spay/neuter, and vaccination and veterinary records

Relinquishing Agreement

I am relinquishing the above stated dog to United Animal Friends (UAF). I understand that this dog will be evaluated and placed into UAF's Adoption Program and that all matters concerning this dog, including placement, will be conducted by UAF. I freely relinquish ownership of this dog. I understand that a relinquishment fee is required.

Acknowledgement

I understand and agree to the above terms

Guardian Signature _____ Date: _____

Guardian Name(s) _____

Address _____ City _____ Zip _____

Home Phone: _____ Cell phone: _____

E-mail: _____

UAF Volunteer: _____ Date: _____

Relinquishment Payment

Make checks payable to United Animal Friends.

Driver's License # _____ State Issued: _____

Relinquishment Fee: \$ _____ Additional Donation: \$ _____ Total Paid: \$ _____