****

**RELINQUISHMENT/ SURRENDER INFORMATION FORM**

**OWNER INFORMATION**

**Your name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOG OR CAT INFORMATION**

**Dog or cat’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Breed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

**Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:** M or  F **Spayed / Neutered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Coloring: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Known allergies, medications, medical conditions, etc: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Why are you giving the dog or cat up? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you able to foster your dog or cat until we can find them a home?** YESor NO

**If not, what is your deadline for relinquishing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name / phone # of previous veterinary clinic : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vet location and vet name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Dog Vetting History**  |  | **Cat vetting history** |
| **Vaccination** | **Check If yes** | **Date of Last Treatment** |  | **Vaccination** | **Check if yes** | **Date of Last Treatment** |
| **Parvo / Distemper** |  |  |  | **Feline Distemper Combo** |  |  |
| **Rabies**  |  |  |  | **Rabies** |  |  |
| **Bordetella** |  |  |  | **FIV test** |  |  |
| **Heartworm test & heartworm prevention** |  |  |  | **Heartworm test & heartworm prevention** |  |  |
| **Flea / Tick treatment** |  |  |  | **Flea / Tick treatment** |  |  |
| **Deworming** |  |  |  | **Deworming** |  |  |
| **Other**  |  |  |  | **Other** |  |  |

Is this animal:

**Potty trained?** YESor NO

**Used to being in a crate?** YESor NO

**Good with dogs?** YESor NO

**Good with cats?** YESor NO

**Good with kids?** YESor NO

**Have any temperament issues?** YESor NO

**Ever bitten/hurt someone?** YESor NO

**Overweight?** YESor NO

**Underweight?** YES or NO

**Had obedience training (Dog)?** YESor NO

**Crate Trained (Dog)?** YESor NO

**Jump over/dig under fences (Dog)?** YESor NO

**Additional Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELINQISHMENT AGREEMENT**

(I/we) fully understand that by executing this document and delivering the above-described dog or cat to the Parkland Humane Society Inc., that (I/we) hereby relinquish any and all legal and equitable rights of ownership of the above-described dog or cat.

(I/we) represent that (I/we) are the lawful owner(s) of, and have good title to and the right and power to gift, sell, assign, transfer, convey and deliver said dog or cat; and that said dog or cat is free and clear from claims of ownership or other encumbrances of any kind or nature whatsoever by any person or entity.

(I/we) understand that Parkland Humane Society Inc. will act in the best interest of said animal in its care and placement. By assuming ownership, Parkland Humane Society Inc. reserves all rights in regards to making all decisions in regards to the dog or cat’s care, placement, and medical treatment.

(I/we) understand that Parkland Humane Society Inc. has the right to return dog or cat to owner if said dog shows aggression in the foster home and or shelter.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED, AND DELIVERED IN THE PRESENCE OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parkland Humane Society Inc.**

**204-638-6966**

**P.O. Box 805**

**Dauphin, Manitoba**

**R7N 3B3**