



P.O. Box 110987 | Naples | Florida 34108
 Phone/Fax: 239-369-0415 | info@GRRSWF.org | www.GRRSWF.org

OWNER SURRENDER FORM

We understand that giving up your pet is a difficult decision, but we realize that in making this choice, you are thinking about your dog's best interests. We are here to help. Please provide as much information as possible. Above all, please be honest; we understand your dog may not be perfect, but the more we know the better we are able to find the perfect new home for your dog. Your dog deserves a second chance to find a wonderful home, and by providing us with detailed information, you will help GRRSWF better accomplish this goal. All questions should be answered - if not applicable or you don't know, please enter N/A. Thank you for trusting GRRSWF with your dog's future. In Word, this document is formatted as a form - you can save it to your computer and complete it there or you can print it and complete by hand.

Date:		Is this an outside dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name (<i>Last, First, M.I.</i>):			
Address:			
City:		State & Zip:	
Daytime Phone:		Evening Phone:	
Email Address:			
Best Time to Call:		How Often Do You Check	
By what date must you surrender the dog?			
Are you the sole legal owner of the dog? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DOG INFORMATION			
Name:		Age:	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Intact	
Color:		Weight:	
Where did you get this dog?			
How long have you had him/her?			
Is it a purebred Golden Retriever? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Do you have AKC papers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the pedigree available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the dog microchipped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If microchipped, what is the number?	
MEDICAL SUMMARY			
Are vaccinations current? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, which vaccinations are current? <input type="checkbox"/> DHPP <input type="checkbox"/> Rabies <input type="checkbox"/> Bordetella			

Is dog on heartworm preventative?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, what type of preventative?	
When was last heartworm preventative given?		When was last flea/tick preventative given?	
Has this dog ever had a seizure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, how often does he/she have seizures?	
Does the dog have any ear problems/recurring infections? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Does the dog have any orthopedic problems (Hip dysplasia, arthritis, stiffness)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, what sort of problems?			
Does he/she have any skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, what sort of problems?			
Does the dog have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, what sort of allergies?			
Does he/she have any other medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, what conditions?			

VETERINARIAN INFORMATION

I understand that GRRSWF will make every effort to find a loving home for my dog and grant my permission to contact the medical service provider named below and hereby grant permission for the release of all records and information in their possession. It is the owner's responsibility to ensure that GRRSWF has a copy of the dog's records prior to, or at the time of, the physical surrender. Please note that GRRSWF will not take possession of the dog unless vet records are provided.

Veterinarian Name:		Telephone Number:	
Address:		Address:	
City:		City:	

BEHAVIOR ASSESSMENT

What is the dog's disposition?	
Is the dog confident or shy?	<input type="checkbox"/> Confident <input type="checkbox"/> Shy
Can you take food away?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Can you take toys away?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Can you take bones away?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog dig?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog chew?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog escape from the yard or house?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog run away?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog jump over or climb fences?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog jump on people?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Does the dog steal food or items from the counters or tables?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog swim?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog ride well in cars?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is this an inside or outside dog?	<input type="checkbox"/> Inside <input type="checkbox"/> Outside
Is the dog housebroken?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is the dog crate trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog get along with other dogs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog get along with cats?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog get along with other animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is this dog aggressive to other dogs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, what did the dog do to make you think it didn't like the other dog?	
Is the dog possessive over the food dish?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog accept strangers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog accept men?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog accept women?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog like to chase bikes or cars?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the dog get along with children?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Has the dog ever lived with children?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, for how long?	What were the children's ages?
How did the children treat the dog?	
Is there anywhere the dog does not like to be touched?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, where?	
Is the dog afraid of thunderstorms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, what does this dog do during a thunderstorm?	
Has the dog ever growled at a person?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, please describe the circumstances	
Has the dog ever snapped at a person?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, please describe the circumstances	
Has the dog ever bitten a person?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, please describe the circumstances	
Has the dog ever growled at or bitten another animal such as a dog or cat?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, please describe the circumstances	
Has the dog ever displayed any other signs of aggression?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, please describe:	
Does the dog like to grab your arm or clothes (mouthy)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, please explain:	
What does the dog dislike?	
What is the dog afraid of?	

Has the dog been to obedience school?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, which obedience school?			
Does the dog know any commands? Please list:			
Please describe your training methods:			
Have you ever disciplined this dog when he/she has done something wrong? Please describe:			
HOME ENVIRONMENT			
Has the dog ever lived with other dogs?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Has the dog ever lived with cats?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Is this dog used to being home alone during the day?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, how many hours on average?			
Does the dog have separation anxiety?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, how do you handle it?			
How do you exercise the dog? How often?			
What kind of food is the dog eating now?			
How often is he/she fed?		At what time(s)?	
Is the dog on any vitamins or supplements?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, please list:			

ADDITIONAL COMMENTS

Why are you giving up this dog? (Please be as detailed as possible)

What are the dog's bad points? Please be as honest as possible - we know he/she may not be perfect but the more we know about him/her, the better we are able to select a suitable foster home and then the very best permanent home for him/her:

What are the dog's good points? Again, the more we know about him/her the easier it is to find the perfect home for him/her.

Is there anything else that you would like us to know about the dog?

The undersigned, being the owner or the fully appointed agent of the dog described below and in the accompanying Owner Surrender Form, does hereby affirm, acknowledge and warrant and represent that all information contained in this profile is true and correct to the best of their knowledge and belief.

I understand that Golden Retriever Rescue of Southwest Florida, Inc. will utilize the information contained in this form to assist in selecting an appropriate Foster Home and Adoptive Home. I understand that I may be held liable for any and all claims, suits, damages, liabilities and costs (including reasonable attorney fees) related to or in any manner connected with this dog that is a result of any false, untrue or misleading information provided in this form that therefore results in the dog being placed in an inappropriate home, situation or environment.

Print Surrendering Owner Name

Print Dog Name

Signature

Date

WITNESS:

GRRSWF Representative

Signature

Date

Please review the form, to ensure you have been as thorough as possible, and fax it to 239-369-0415, or email to applications@grrswf.org. Once the form is submitted a volunteer will contact you to discuss any questions you may have about our process, or that we may have about your dog.

Golden Retriever Rescue of Southwest Florida, Inc. is an all-volunteer organization, so we ask for your patience. We will contact you within 24 hours. Please note that summer months and holiday periods are our busiest times.

Please note that GRRSWF does not buy or pay for dogs. This is a service to help place your Golden Retriever in a wonderful new home that has been thoroughly vetted, and that will be monitored for the duration of the dog's life. Our services are free; however, a donation to help pay for expenses would be appreciated.

We ask that you provide copies of all veterinary records and any other necessary paperwork at the time you release the dog into our care. If you are able, including any of the dog's favorite toys or bedding will help ease the transition to his/her foster home. **It is the owner's responsibility to ensure that GRRSWF has a copy of the dog's records prior to, or at the time of, the physical surrender. Please note that GRRSWF will not take possession of the dog unless vet records are provided by the owner surrendering the dog.**

To expedite the process, please e-mail photos of your dog to applications@grrswf.org. Please include the dog's name in the subject line and your name in the body of the e-mail. The photo is only to verify that your dog is, in fact, a Golden Retriever and will help streamline the process.

At the time of actual physical surrender of the dog, you will be required to sign the above Owner Surrender Form and the attached Owner Surrender Agreement releasing the dog to GRRSWF.

Please understand that GRRSWF will take full and complete ownership of the dog immediately following the physical surrender and that you will not be permitted to see or visit it at any future date, unless the adoptive home should be amenable to such an arrangement. GRRSWF will pass on any request to allow you to visit, but can make no guarantees that this will be approved, nor will we accept a dog with the stipulation that future visits be permitted. You may contact GRRSWF periodically to inquire as to the dog's wellbeing, but you will not be informed of the dog's whereabouts or provided with any identifying details regarding the dog's foster or adoptive home.

Return To:

Mail: Golden Retriever Rescue of Southwest Florida, Inc.
P.O. Box 110987
Naples, FL 34108

Email: **applications@GRRSWF.org**

Fax: 239-369-0415

Golden Retriever Rescue of Southwest Florida, Inc.

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OWNER SURRENDER AGREEMENT

The undersigned, being the owner or the fully appointed agent of the dog described below and in the accompanying Owner Surrender Form, does hereby affirm, acknowledge and warrant and represent that all information contained in this profile is true and correct to the best of their knowledge and belief. Should any information set forth be discovered to be false, untrue or misleading in any respect at any time, then Golden Retriever Rescue of Southwest Florida, Inc. (GRRSWF) shall have the right to (1) rescind this agreement and require the owner to take the dog immediately into his/her possession and/or (2) require owner to pay all costs incurred in the care, placement or disposition of the dog. Further, should any of the information set forth in this document be discovered to be false, untrue or misleading in any respect at any time, then owner agrees to indemnify and hold GRRSWF harmless by, from and against any and all claims, suits, damages, liabilities and costs (including reasonable attorney fees) related to or in any manner connected with this dog.

I understand that GRRSWF will utilize the information contained in this form to assist in selecting an appropriate Foster Home and Adoptive Home. I understand that I will be held liable for any and all claims, suits, damages, liabilities and costs (including reasonable attorney fees) related to or in any manner connected with this dog that is a result of any false, untrue or misleading information provided in this form that therefore results in the dog being placed in an inappropriate home, situation or environment.

I understand that GRRSWF will make every effort to find a loving home for my dog and grant my permission to contact all of the medical service providers named in the Owner Surrender Form and hereby grant permission for the release of all records and information in their possession.

I understand that GRRSWF will have full ownership of the dog effective immediately upon surrender and that I will not be permitted to see or visit it at any future date. I understand that I may contact GRRSWF periodically to inquire as to the dog's wellbeing, but that I will not be informed of the dog's whereabouts or provided with any identifying details regarding the dog's foster or adoptive home.

THIS IS INTENDED TO BE A LEGALLY BINDING AGREEMENT. IF NOT FULLY UNDERSTOOD SEEK THE ADVICE OF AN ATTORNEY PRIOR TO SIGNING.

I HEREBY RELINQUISH OWNERSHIP OF THE ABOVE-MENTIONED DOG TO GOLDEN RETRIEVER RESCUE OF SOUTHWEST FLORIDA, INC. SIMULTANEOUSLY WITH THE EXECUTION OF THIS AGREEMENT. FURTHER, I ALSO TURN OVER PHYSICAL POSSESSION OF THE DOG TO GOLDEN RETRIEVER RESCUE OF SOUTHWEST FLORIDA, INC. SHOULD PHYSICAL POSSESSION OF THE DOG NOT BE RELINQUISHED SIMULTANEOUSLY THIS AGREEMENT SHALL BE NULL AND VOID.

Dog Name: _____ Microchip Number (if implanted): _____

Print Surrendering Owner Name

Signature

Date

WITNESS:

GRRSWF Representative

Signature

Date