

# Newfoundland Health and Rescue Inc.

## Owner Relinquish



*(Please read carefully. This is intended to be a legally binding document)*

Since you are no longer able to care for your purebred Newfoundland and wish to ensure that it finds a new home where it will be loved and cared for, we want to thank you for releasing it to Newfoundland Health & Rescue Inc. (hereinafter referred to as NH&R). Please complete the following owner release form so that we may better assess your dog's needs at this time. We place every dog in an approved foster home until an appropriate permanent home is found. In all cases the best interests of the dog is paramount. We will **not** release the dog to a shelter. We applaud your decision for giving your dog a second chance for a good life through this program.

**Note: We cannot accept any dog that has a history of aggression towards people.**

Dog's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed / Neutered: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Color & Markings: \_\_\_\_\_ Weight: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ From Whom: \_\_\_\_\_

Address of breeder (if applicable) \_\_\_\_\_ Phone: \_\_\_\_\_

Did you have a signed contract with this breeder? \_\_\_\_\_ Are registration papers available? \_\_\_\_\_

Is there a co-owner listed on this dog's registration? \_\_\_\_\_ If yes, name and phone# \_\_\_\_\_

Is your dog microchipped? \_\_\_\_\_ If yes: Home Again  AVID  other  Microchip# \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone number: \_\_\_\_\_

Dates of last vaccinations: \_\_\_\_\_ DHPP Rabies Bordatella \_\_\_\_\_

Heartworm check: \_\_\_\_\_ Date of last heartworm preventative pill: \_\_\_\_\_

Any medical issues we should be aware of? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

What Brand of Dog Food? \_\_\_\_\_ How much? \_\_\_\_\_ Times per day? \_\_\_\_\_

### TEMPERAMENT:

Like to ride in cars? yes no Afraid of storms? yes no

Like to swim? yes no Used to children? yes no

Jump fences? yes no Good with children of all ages? yes no

Dig? yes no Let you take toys? yes no

Good with other dogs? yes no Good with cats? yes no

Chase cars? yes no Used to being groomed? yes no

Urinate when scared? yes no Used to being walked? yes no

Come when called? yes no Obedience trained? yes no

Growl at strangers? yes no Is the dog house broken? yes no

Crate trained? yes no

What commands does the dog know? \_\_\_\_\_

Has the dog bitten anyone? yes no

If yes, please explain the circumstances: \_\_\_\_\_

What does the dog like/dislike? \_\_\_\_\_

What are the dog's best/worst points? \_\_\_\_\_

List any other information that might be helpful for placement or for new owners: \_\_\_\_\_

Why are you giving this dog up? \_\_\_\_\_

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**TO BE COMPLETED BY THE RELINQUISHING OWNER(S):**

I/We certify that I/we own the above dog and that this dog has not shown any signs of aggression, or bitten anyone in the past ten days and that the statements above are true and accurate. I/We agree to indemnify and hold harmless NH&R by, from and against all claims, suits, damages, liabilities and costs related to or in any manner connected with this dog. I/We further acknowledge understanding that the dog becomes the property of Newfoundland Health & Rescue Inc.

Owner's Name  
*(please print legibly):* \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Owner's signature:   x   \_\_\_\_\_

Owner's signature:   x   \_\_\_\_\_

Rescue representative signature:   x   \_\_\_\_\_ Date: \_\_\_\_\_