



52 Tenney Road
Sandown, NH 03873
Tel: 603-887-1200 • Fax: 603-887-1201
www.dru.org

OWNER RELEASE FORM

Please understand that you are surrendering ownership and ALL RIGHTS to your Doberman Pinscher. You are assigning to Doberman Rescue Unlimited, Inc. all authority for making decisions pertaining to the dog's health and welfare. Each animal taken in by DRU is examined by a veterinarian, treated if necessary, vaccinated, and tested negative for heartworm. All DRU animals are spayed or neutered. All DRU dogs are tattooed with an ID number and provided with a DRU tag. Pending placement, each dog is kept in a foster home or boarded at various facilities in Mass. and N.H. Each dog is carefully evaluated before placement.

PLEASE READ THE FOLLOWING CAREFULLY, COMPLETE ALL QUESTIONS, SIGN AND DATE WHERE INDICATED. ANY FORM RETURNED UNSIGNED WILL BE REJECTED. IF YOU DO NOT UNDERSTAND THE TERMS OF THIS RELEASE, PLEASE ASK FOR ASSISTANCE.

I hereby certify that the following information regarding _____ is true and accurate:
(Name of dog)

Owner Name: _____ Home Phone #: _____
Address: _____
Work Name and Phone #: _____

Dog description: Date of Birth: _____ Male ___ Female ___ Spayed/Neutered _____ (Date: _____)
Color: _____ Cropped Ears: Yes ___ No ___ Flopped _____ Tail Docked: Yes ___ No ___
Scars or other marks: _____
Dog purchased from: breeder ___ store ___ shelter ___ Length of time dog owned: _____ # of previous owners: _____

Are you required by breeder/shelter/former owner to return dog is unable to keep? Yes ___ No ___

Did you contact breeder/shelter/former owner? Yes ___ No ___ What was response? _____

Breeder/Shelter/Former owner's name: _____ AKC Registration #: _____

Address of breeder/store/shelter: _____

Veterinarian: _____ Tel. #: _____ Address: _____

Vaccination History: DHLP _____ Rabies _____ Lyme _____

Parvo _____ Fecal Check Date: _____ Result: _____

Heartworm Test Date: _____ Result _____ Brand Medication: _____ Next Due: _____

What medical conditions or problems
has the dog been treated for: _____
Any injuries (accidents, surgeries, etc.): _____
Other Medical problems (thyroid, allergies, _____
skin problems, heartworm positive, etc.) _____

Feeding Schedule: Brand of food: _____ When fed: _____ Amount fed: _____

Reason for placing dog with DRU: _____

Has the dog lived with children? Yes _____ No _____ What ages? _____
Has the dog visited with children? Yes _____ No _____ What ages? _____
How does the dog react to children? _____
Has the dog lived with other male dogs? Yes _____ No _____
How does the dog react to other male dogs? _____
Has the dog lived with other female dogs? Yes _____ No _____
How does the dog react to other female dogs? _____
Has the dog lived with cats? Yes _____ No _____ How does the dog react cats? _____
How does the dog react to other animals? _____
How does the dog react to strangers? _____
How does the dog react to being alone in the house? _____ alone in the car? _____
How does the dog react while walking on a leash? _____

Has the dog ever bitten? Yes _____ No _____ Describe: _____
What brought bite on? _____
Was bite reported? Yes _____ No _____ To Whom reported? _____ Was dog quarantined? Yes _____ No _____
Does dog: Growl? Yes _____ No _____ Snap? Yes _____ No _____ Nip? Yes _____ No _____
What causes this behavior? _____

Where does the dog stay during the day? _____ At night? _____

Has dog lived () inside () outside () in garage () in basement () in kennel? (Please check.)

Has dog been: tied on a runner? Yes _____ No _____ loose with supervision? Yes _____ No _____
loose without supervision? Yes _____ No _____ in a fenced yard? Yes _____ No _____
housebroke? Yes _____ No _____ How long without an accident? _____
crate trained? Yes _____ No _____ kenneled? Yes _____ No _____
let alone for long periods? Yes _____ No _____ Where? _____ How long? _____
trained on an invisible fence? Yes _____ No _____
allowed on furniture? Yes _____ No _____ destructive when alone? Yes _____ No _____
in car? Yes _____ No _____ Does dog ride well? _____
had formal obedience? Yes _____ No _____ Where & When _____
Commands/ Tricks known: () sit () down () come () stay () heel () fetch () others: _____

Describe personality, likes, dislikes, and fears of dog; _____

Describe favorite toys and activities: _____

Describe habits: () jumps fences () chews () shows teeth () jumps to greet () barks () digs
() fights with other dogs () sleeps on the furniture () other: _____

Describe exercise dog has been receiving: _____

Aggressions: () people () dogs () cats () children Explain: _____

Have you tried to place this dog yourself? Yes _____ No _____

How long before this dog must be placed? _____

Would you be able to assist with the transportation of the dog to our shelter? _____

Is there any other information you have pertaining to this dog? Yes _____ No _____ Describe: _____
(Detail is welcome...it will help the dog transition to his/her new home...use additional sheets if you wish)

Provide any and all records pertaining to the dog, including medical and AKC records, a photograph and any other pertinent information along with this release.

Where did you hear of Doberman Rescue Unlimited, Inc.? _____

RELINQUISHMENT OF OWNERSHIP RIGHTS

I, _____, hereby relinquish ALL RIGHTS and any and all claim to the Doberman Pincher named _____. I certify and guarantee that I am the sole owner of the dog, that I have good title, free and clear of all other interests, and that I have given proof to Doberman Rescue Unlimited, Inc. of my ownership, as well as all documents (medical records, license, AKC registration, neuter/spay certificate, etc.) concerning the above-named dog.

I am signing this Release with full knowledge that the relinquishment of this dog is IRREVOCABLE and that I am giving up all title and possession of the dog. I hereby certify that I have read this Release, agree to its terms, and fully understand that I am relinquishing ALL RIGHTS to the above-named dog. I understand that as a result of this Release, Doberman Rescue Unlimited, Inc. will have all ownership rights to the above-named dog, including complete discretion to decide what is best for the dog and the right to take any and all action Doberman Rescue Unlimited, Inc. deems appropriate. I acknowledge, understand, and agree that although volunteers of DRU, Inc. will use every effort to place each dog in a loving home, there are circumstances that make placement impossible and which may require euthanizing the dog. Such circumstances include medical problems compromising the quality of the dog's life, biting and aggression towards people, severe and unreasonable aggression towards other animals, or other severe behavioral problems that render him/her unadoptable.

I certify that I have provided Doberman Rescue Unlimited, Inc. with any and all information pertaining to the above-named dog, including but in no way limited to the dog's medical and behavioral history; and that all the information provided is true and accurate. I certify that I have not concealed any information regarding this dog or any dangerous or vicious propensities the dog may possess. I understand and acknowledge that Doberman Rescue Unlimited, Inc. is relying on this information and the representations I have made herein and that there have been no oral representation made by me other than the information provided herein.

I hereby release Doberman Rescue Unlimited, Inc., its board of directors, officers, members, volunteers, and agents from all claims, demands, actions, causes of action, or liability of any kind whatsoever arising as a result of or in connection with this Release, the adoption or other disposition of the above-named dog, and agree to indemnify DRU from any costs and legal fees incurred by DRU in connection with any claims, demands, actions regarding the above-named dog.

I have provided DRU with a donation of \$ _____ to help defray the costs DRU will incur.

Owner:

Owner:

Doberman Rescue Unlimited, Inc. Representative

Date: _____

Return to:
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