

STRAY/SHELTER DOG SURRENDER AGREEMENT

I, the legal agent, relinquish to the Flat-Coated Retriever Society of America Inc. representative, a Flat-Coated retriever known as _____. I hereby turn over all information, health records, and full ownership and responsibility of this dog. I understand that the representative for the Flat-Coated Retriever Society of America Inc. rescue program will do his/her best to find the dog a suitable home, however final disposition of this animal will be decided by the FCRSA Inc. and will be determined based on health, temperament, and adoptability.

- Reason dog is in pound/shelter _____
- Date dog arrived at shelter _____
- Referred to FCR Rescue by _____
- Origin of dog (breeder's name or location, pet shop _____
- What was the dog's reaction/mental state the first few days in the facility? (shy, outgoing, protective, fearful, friendly etc.) _____
- Is dog an excessive barker? _____ Housebroken/clean in the run? _____
- Does the dog chew? _____ Fence fight? _____
- Is the dog good with the staff? _____ Adults? _____ Children? _____
Babies? _____ Strangers? _____ Other Dogs? _____ Cats? _____
New situations? _____
- Does the dog show any evidence of obedience training? _____
- Commands used for training or tricks? _____
- Will it walk on loose leash without pulling _____
- How would you describe the dog's energy level? _____
- Has the dog ever bitten a person or acted aggressively? _____ If yes, explain _____
- Ever attacked or fought with another dog? _____ If yes, explain _____
- Date of birth/age _____ sex _____ spayed/neutered _____ weight _____
color _____
- Date of last Rabies Vaccination _____ DHLPP _____
- Is dog on Heartworm preventative? _____ What Kind? _____
Date of last dose: _____
- Internal parasites? _____ Kennel cough vaccine? _____
- Does dog have any physical problems, need medical attention etc? _____

Additional Comments: _____

To the best of my knowledge the information above is correct and true.

Agent Signature _____ Date: _____

Shelter/Pound _____ Phone: _____

Address: _____

City: _____ Sate: _____ Zip: _____

FCRSA Representative: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Payment to shelter: _____

