



**DACHSHUND RESCUE OF BUCKS COUNTY
SURRENDER FORM**

Dog's Name _____ Age _____ DOB _____

Sex _____ Spayed/Neutered _____ Color _____

Microchipped _____ Tattooed _____ If yes, # _____

How long have you owned this dachshund? _____

Does this dog have any medical problems? Yes* _____ No _____
If yes, please explain: _____

Housetrained	Yes	No	Crate Trained	Yes	No
Paper Trained	Yes	No	Good with children	Yes	No
Other pets*	Yes	No	Ever Bitten**	Yes	No

*List other pets in household: _____

**Please explain circumstances _____

Vet's Name _____ Phone: _____

Practice Name _____

Address _____

Last Vet's Visit _____ Reason for visit: _____

Vaccination Record: Please list date of most recent:

Rabies _____ DHLPP _____

Heart Worm Test _____ On Heartworm Preventive? _____

I /We certify I /we am the legal owner of this Dachshund and I/we surrender this Dachshund to Dachshund Rescue of Bucks County & NJ [DRBC]. I/we understand by surrendering this Dachshund to DRBC, I/we give up all legal ownership and any future claims on this dog. I/we attest the information is true and correct. I/we release and indemnify Dachshund Rescue of Bucks County & NJ from any responsibility for any false information provided by me/we regarding this animal.

Print Name _____ Phone _____

Address _____

Signature _____ Date _____

Co-Owner's Name _____ Phone _____

Address _____

Co-Owner's
Signature _____ Date _____