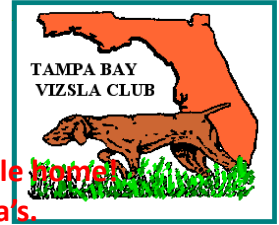


# TAMPA BAY VIZSLA CLUB RESCUE OWNER SURRENDER



Please be as honest, so that we can find your dog the best possible home!  
Please be aware that we will only "ACCEPT" purebred Vizslas.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Dog's Name: \_\_\_\_\_ Dog's Age: \_\_\_\_\_

Breeder's Name: \_\_\_\_\_ Is Dog AKC Registered: \_\_\_\_\_

Is dog crate trained: \_\_\_\_\_ Is dog, house trained: \_\_\_\_\_

Is the dog good with the following: (Please check all that apply and related comments)

Children:
Adults:
Other Dogs:
Cats:

Initial here, \_\_\_\_\_ acknowledging you must release all medical records to TBVC Rescue, and your dogs' records will be thoroughly reviewed before accepting your dog as a 'SURRENDER TO TBVC Rescue:

Name of veterinarian: \_\_\_\_\_

Is dog up to date on vaccinations? \_\_\_\_\_ Date of vaccinations? \_\_\_\_\_

Is dog spayed or neutered: \_\_\_\_\_

Is dog on heartworm preventative: \_\_\_\_\_ Date of last heartworm check: \_\_\_\_\_

Special toys dog loves to play with? \_\_\_\_\_

Activities dog enjoys: (i.e., swimming, playing ball etc.) \_\_\_\_\_

Provided detailed reason you are surrendering your dog:

**Release of Dog to Tampa Bay Vizsla Club Rescue**  
**(Must be completed and witnessed before we can proceed with rescue)**

I, \_\_\_\_\_, the undersigned, declare that I am aware that I am the owner (or finder) of the following dog: \_\_\_\_\_, and that I desire that the ownership of said animal be transferred to the Vizsla Rescue Committee of the Tampa Bay Vizsla Club. By signing this document, I agree to relinquish all future claim to this animal, and I hereby release the Tampa Bay Vizsla Club, its Vizsla Rescue Committee, its agents, volunteers, and their heirs, if any, and all responsibility for actions required to best provide for this animal's future welfare.

Owner(s) Acknowledgement:

Individual Owner(s) \_\_\_\_\_  
Date: \_\_\_\_\_ Signature of Owner(s) \_\_\_\_\_  
\_\_\_\_\_  
Case No. \_\_\_\_\_ Witness signature \_\_\_\_\_

Rescue Organization Owner

Name of Organization \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Representative \_\_\_\_\_  
Phone \_\_\_\_\_ Date of transfer \_\_\_\_\_  
Case No. \_\_\_\_\_ Witness signature \_\_\_\_\_