



S'Wheat Rescues

RELEASE FORM

Please provide the following information:

Names of all Owners of Dog _____

Address of Owner _____

Address where dog is located if different: _____

Telephone/Cellphone of Owner _____

Dog's Name: _____ Date of Birth or Age: _____

Veterinarian Name/Address/Phone: _____

Brand of dog food used: _____ Feeding schedule: _____

Is the dog a purebred Wheaten Terrier? Yes No Unknown (Registrations must be surrendered with the dog.)

Is the dog Spayed Neutered Intact (owner surrenders over six months must be desexed)

Has the dog been tested for heartworms? Yes No Unknown

If Yes, date of test _____ Was the test: Positive Negative

Is the dog on Heartworm Preventative Yes No Unknown

If yes, brand and when due: _____ Missed any preventative?: Yes No Unknown

Is the dog up to date on shots? Yes No Unknown

Date of last Rabies: _____ Date of last Distemper/Parvo _____ Date of last Bordetella _____

Is the dog on any medications? Yes No Unknown. If yes, what type, condition it is treating, dosage and when is next dosage due? _____

Is the dog house trained? Yes No Unknown

The dog has been an Indoor Pet Outdoor Pet

Has the dog had any obedience training? Yes No Unknown

Does the dog come when called? Yes No

Is the dog crate trained? Yes No Unknown

Is the dog destructive? Yes No Unknown

Does the dog dig? Yes No Unknown

Does the dog jump fences? Yes No Unknown

Does the dog attempt to escape and run? Yes No Unknown

Is the dog good with children? Yes No Unknown

Does the dog get along with other dogs? Yes No Unknown Males Only Females Only

Does the dog chase or attack cats or other small animals? Yes No Unknown

Have you contacted any other rescue in regards to this dog? Yes No

If yes, have you signed any paperwork with the rescue? Yes No

PLEASE USE A SEPARATE SHEET OF PAPER AND ATTACH IF MORE ROOM IS NEEDED FOR THE FOLLOWING QUESTIONS.

Has the dog bitten anyone Yes No (If yes, please give all details, including circumstances, age of person bitten, did the bite break the skin, require stitches or was animal control, or any authorities involved in the incident.) _____

Any known health problems Yes No Unknown If yes, please give as many details as possible) _____

Does the dog have any behavioral problems Yes No Unknown. If yes, please give as many details as possible) _____

Why are you giving the dog up - please be specific? _____

Agreements - please initial each to verify that you have read each and agree to them.

_____ Due to safety and privacy issues there will be no contact between prior and new owners.

_____ If you fail to reveal a past bite history and the dog bites someone you will be held financially responsible.

_____ If you fail to reveal a known medical condition on this form you will be held financially responsible for medical bills incurred by S'Wheat Rescues.

I, _____ do hereby declare that I am the sole owner or that all owners are listed here and have signed below, of the dog known as _____, whose information I have listed above and on the preceding page. I do hereby immediately relinquish all rights to said dog to S'Wheat Rescues. I understand that this release is permanent and final and I will have no further contact with this Dog. I hereby authorize S'Wheat Rescues to make any and all decisions as to the placement, medical care and any matters pertaining to said dog. I do also authorize the dogs veterinarian(s), to release any and all medical records pertaining to this dog to S'Wheat Rescues or its representative.

Owner of Dog

S'Wheat Rescues Representative

Owner of Dog

