

NorCal BMD Rescue Surrender Contract

Name(s) Relinquisher(s): _____

Name of Dog: _____

Street Address: _____

City/State/ZIP: _____

Telephone: Home: _____ Work: _____

Email: _____

IMPORTANT NOTICE: All owners of the above-named dog must sign this contract before NorCal Bernese Mountain Dog Rescue will agree to take this dog.

In regard to the surrender of the above-described dog, I/We, the undersigned, agree to the following conditions:

1. By signing this contract, I certify that I am the owner of this dog.
2. By signing this contract, I understand that this dog becomes the responsibility of NorCal Bernese Mountain Dog Rescue and that I have no further rights to this dog.
3. All decisions regarding the placement of this dog will be made solely by NorCal Bernese Mountain Dog Rescue.
4. The Relinquisher has no rights to information regarding the adoption of this dog.
5. The Relinquisher guarantees to NorCal Bernese Mountain Dog Rescue that this dog's history with regard to biting is accurately described as follows: To my knowledge, this dog: Has Has Not bitten anyone. Has Has Not bitten another animal. If "Has" is noted, please describe the circumstances: _____

6. If this dog is not current on vaccinations or has not been spayed/neutered, we would welcome any contributions toward the cost of providing this veterinary care. Surrender donation:

\$ _____ (Cash, Check, or PayPal)

I/We understand this contract and the policies described above, and agree to their conditions. I/We agree to hold NorCal Bernese Mountain Dog Rescue, its officers, board members, agents,

and volunteers harmless for any loss of, damage to, or injury to persons, animals, or property arising from or relating to the placement of this dog.

Signature of Owner/Relinquisher: _____

Date: _____

Name of NorCal Bernese Mountain Dog Rescue Representative:

Signature of NorCal Bernese Mountain Dog Rescue Representative:

NorCal BMD Rescue Surrender Details

Norcal BMD Rescue Phone Contact: 510-991-6376

Dog Name: _____ Age/Birth Date: _____ Color: _____ Weight: _____

Sex: Male _____ Female _____

Altered? Yes No

Rabies Date: _____ DHLPP Date: _____

Bordatella Date: _____

Heartworm Preventive Date: _____ Flea Preventive Date: _____

Please explain any current health problems:

Medications the dog is currently taking:

Is your dog good with children?

Is your dog good with cats?

Is your dog good with other dogs?

Does your dog like to ride in cars?

Does your dog walk well on leash?

Where does your dog sleep at night?

Where does your dog stay during the day?

Does your dog jump fences?

Does your dog come when called?

Is your dog house-broken?

Please provide any additional information you feel is helpful: