



# Release of Ownership Agreement Owner Surrender

Please complete this form to the best of your ability. Your honest answers help us get to know the dog and its background. This ensures that we are able to place the dog in a new home that best matches with his/her personality and needs.

**Today's Date:**

Owner's Information					
Name					
Street Address					
City		State		Zip	
Home Phone			Cell Phone		
Why are you surrendering this dog?					
How long have you had this dog?					
Where did you get this dog?					
What wonderful, special traits or habits would you like the new family to know about?					

Owner's Information					
Name		Nickname		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Breed	<input type="checkbox"/> Pure Dachshund <input type="checkbox"/> Dachshund Mix <i>If a mix; what breeds?</i>				
Date of Birth	<i>If unknown what's the estimated age of the dog?</i>				
Is this dog spayed or neutered?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, approximate date:</i>				
Is this dog micro-chipped?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, microchip number:</i>				
Is this dog housebroken?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes,</i> <input type="checkbox"/> Paper or Pad Trained <input type="checkbox"/> Goes outside				
How many times a day does the dog go out?					
How long can this dog "hold it"?	<input type="checkbox"/> Never <input type="checkbox"/> 1-3 Hours <input type="checkbox"/> 3-5 Hours <input type="checkbox"/> 6-8 Hours <input type="checkbox"/> 9-11 Hours <input type="checkbox"/> 12+ Hours				
How does this dog let you know it needs to go outside?					
Does this dog have accidents in the house?	<input type="checkbox"/> No <input type="checkbox"/> Yes				
	<i>If yes, kind of accident</i> <input type="checkbox"/> Urinates <input type="checkbox"/> Defecates <input type="checkbox"/> Both				
	<i>How often?</i> <input type="checkbox"/> Daily <input type="checkbox"/> 1-2 times a week <input type="checkbox"/> 1-2 times a month <input type="checkbox"/> 1-2 times a year				
Is this dog crate trained?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, how many hours per day did the dog spend in the crate?</i>				
How long is your dog left alone, without people?	<input type="checkbox"/> Never <input type="checkbox"/> 1-3 Hours <input type="checkbox"/> 3-5 Hours <input type="checkbox"/> 6-8 Hours <input type="checkbox"/> 9-11 Hours <input type="checkbox"/> 12+ Hours				
When left alone, where is the dog kept?	<input type="checkbox"/> Crated <input type="checkbox"/> Outdoors <input type="checkbox"/> Free in the house <input type="checkbox"/> Confined to a room <input type="checkbox"/> Other: <i>Please explain.</i>				
When left alone, does this dog...	<input type="checkbox"/> Bark <input type="checkbox"/> Cry/Whine <input type="checkbox"/> Destroy household items <input type="checkbox"/> Urinate <input type="checkbox"/> Defecate				

**Dog Profile (Continued)**

Any formal obedience training?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, explain:</i>
Which of these commands does this dog understand?	<input type="checkbox"/> Sit <input type="checkbox"/> Stay <input type="checkbox"/> Down <input type="checkbox"/> Off <input type="checkbox"/> Treat <input type="checkbox"/> Come <input type="checkbox"/> Leave it <input type="checkbox"/> Drop <input type="checkbox"/> No <input type="checkbox"/> Fetch <input type="checkbox"/> Heel <input type="checkbox"/> Quiet <input type="checkbox"/> Other
How does your dog behave in the car?	<input type="checkbox"/> Enjoys <input type="checkbox"/> Sleeps <input type="checkbox"/> Barks/Cries <input type="checkbox"/> Vomits <input type="checkbox"/> Urinates <input type="checkbox"/> Defecates <input type="checkbox"/> Afraid <input type="checkbox"/> Resists entering <input type="checkbox"/> Fine if crated or restrained <input type="checkbox"/> Never in car
What type of food do you feed this dog and how much does he/she get daily?	<i>Type/Brand of food:</i>
	<i>Daily Amount:</i>
	<i>Number of feedings per day:</i>
What are the dog's favorite kinds of toys?	

**Dog Profile (Continued)**

Any formal obedience training?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, explain:</i>
Has this dog had a rabies vaccine?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, date:</i>
Has this dog had a Bordetella vaccine?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, date:</i>
Has this dog had a DHPP vaccine?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, date:</i>
Has this dog ever had surgery?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, explain:</i>
Does this dog have any known medical issues?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, explain:</i>
What vet clinic do you use?	<i>Vet Practice Name:</i> <i>Phone Number:</i>
How does this dog behave during visits to the vet?	
Does your dog have to be muzzled at the vet?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, explain:</i>

**Dog Profile (Continued)**

Does this dog have any of the following behavioral issues? Please explain each issue. Your honest response will let us know what things we should work on with the dog.

<input type="checkbox"/> Separation or Other Anxiety	<i>If yes, explain:</i>
<input type="checkbox"/> Chewing ( <i>shoe, door, furniture, etc.</i> )	<i>If yes, explain:</i>
<input type="checkbox"/> Excessive Barking	<i>If yes, explain:</i>
<input type="checkbox"/> Digging	<i>If yes, explain:</i>
<input type="checkbox"/> Inappropriate Urinating	<i>If yes, explain:</i>
<input type="checkbox"/> Chasing (cars, animals, people, etc.)	<i>If yes, explain:</i>
<input type="checkbox"/> Begging	<i>If yes, explain:</i>
<input type="checkbox"/> Protective ( <i>of house, family, toys, etc.</i> )	<i>If yes, explain:</i>
<input type="checkbox"/> Jumping Up	<i>If yes, explain:</i>
<input type="checkbox"/> Biting	<i>If yes, explain:</i>
<input type="checkbox"/> Aggression	<i>If yes, explain:</i>
<input type="checkbox"/> Has killed or injured another animal	<i>If yes, explain:</i>
<input type="checkbox"/> Fear of loud noises	<i>If yes, explain:</i>
<input type="checkbox"/> Fear of loud objects	<i>If yes, explain:</i>
<input type="checkbox"/> My dog has none of these issues	<i>If yes, explain:</i>

Has this dog reacted negatively or aggressively to any of the following?										
	No reaction	Never tried	Allows	Lunges	Shows teeth	Growls	Snaps	Bites	Attacks	Other <i>(Please describe)</i>
Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Petting/Hugging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Touching the dog's tail, paw, ear, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Touching the dog's toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Touching the dog's food, chew, or bone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Touching while he/she is sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Taking something from his/her mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Release of Ownership Confirmation:** I hereby transfer and assign all of my right, title and interest in and to the above described dachshund to Chance of a Lifetime Dachshund Rescue (COALDR) and I release and waive all other rights to or regarding such dachshund. I represent that I have full and unencumbered ownership of such dachshund. I acknowledge that COALDR shall have all rights of ownership concerning the dachshund, including, without limitation, the right to transfer ownership to another person deemed acceptable to COALDR.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

*Questions about your surrendered dachshund please be directed to*

For Office Use
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