

**For Spoiled Pets LLC
Surrender Form
452 Carl Broggi Hwy
Lebanon, ME 04027
(207) 432-0029**

Name(s) Relinquisher(s): _____
Name of Dog _____
Street Address: _____
City/State/ZIP: _____
Telephone: Home: _____ Work: _____
Email: _____

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 For Spoiled Pets LLC and that I have no further rights to this dog.
3. All decisions regarding the placement of this dog will be made solely by For Spoiled Pets LLC.
4. The Relinquisher has no rights to information regarding the adoption of this dog.
5. The Relinquisher guarantees to For Spoiled Pets LLC 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 Credit Card)

I/We understand this contract and the policies described above, and agree to their conditions. I/We agree to hold For Spoiled Pets LLC, 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: _____

Signature of Owner/Relinquisher: _____ Date: _____

Assigned Dog No. _____

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Name of Dog: _____
Dog No.: _____
Age: _____ Color: _____ Weight: _____ Sex: Male _____ Female _____
Altered? Yes _____ No _____
Rabies Date: _____ DHPP Date: _____
Bordatella Date: _____ Lyme Date: _____
Leptosporosis Date: _____ Deworming Date: _____
4DX Date: _____ Heartworm Preventive Date: _____
Flea Preventive Date: _____

Please explain the following:
Current health problems:

Medications: _____

Is your dog good with children? _____

Is your dog good with cats? _____

Is your dog good with other dogs? _____

Does your dog like to swim? _____

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? _____

Is your dog crate-trained? _____

Is your dog afraid of storms? _____

Does your dog have separation anxiety when left alone? _____

Does your dog growl at strangers? _____

Will your dog let you take food or toys away? _____

Does your dog know any obedience commands? _____

How does your dog behave while being groomed? _____

Bathed? _____ Brushed? _____

What do you enjoy the most about this dog? _____

What do you enjoy the least about this dog? _____

What would be the ideal home for this dog? _____

Any other Information you feel would be helpful:

Signature of Owner/Relinquisher: _____ Date: _____

Signature of Owner/Relinquisher: _____ Date: _____