

NorCal Bernese Mountain Dog Rescue

Surrender Contract

Name(s) Relinquisher(s): \_\_\_\_\_

Name of Dog \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \_\_\_\_\_ 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 Credit Card) 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: \_\_\_\_\_

Signature of NorCal Bernese Mountain Dog Rescue

Representative: \_\_\_\_\_

NorCal Bernese Mountain Dog Rescue

Address: Tel: 510-991-6376

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_  
Altered? \_\_\_ Yes \_\_\_ No

Rabies Date: \_\_\_\_\_ DHLPP Date: \_\_\_\_\_ Bordatella Date: \_\_\_\_\_  
Heartworm Preventive Date: \_\_\_\_\_ Flea Preventive Date: \_\_\_\_\_ Please explain the  
following: 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?

\_\_\_\_\_