** WEST MICHIGAN BULLDOG RESCUE SURRENDER FORM**

**Animal’s Name:**

**Personal Information:** Owner Rescuer Foster

Name:

Address:

City: State: Zip:

Phone: Email:

Reason for surrender:

**Owner/Rescuer Release:**

I certify that I am the guardian of this animal and that I am legally entitled to transfer ownership to “For the love of Lulu, West Michigan Bulldog Rescue”. I agree that the West Michigan Bulldog Rescue will do everything in its power to ensure a good home for the duration of this animal’s life.

I permanently and irrevocably transfer ownership of this animal, with all rights, to the West Michigan Bulldog Rescue.

Surrender Signature: Date:

**Animal’s Name:**

Dog Puppy

Gender: Male Female

Spayed/Neutered: Yes No

Description:

Date of Birth:

How long have you had the animal?

How did you acquire the animal?

Lived with children: Yes No Ages: Reaction:

Lived with cats Yes No  Reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lived with dogs Yes  No  Reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

House trained Yes No

Vaccines current Yes No

Visited Veterinarian Yes No How often: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medical issues:

Anything else we should know about the animal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_