



Colonial Newfoundland Rescue, Inc. Release Form

I _____, _____,
(Print full name of owner) (Print full name of second owner) hereby assign to the Rescue
Committee of the Colonial Newfoundland Rescue, Inc. (CNR), ownership of the
following Newfoundland dog:

Registered name: _____ Sex: M F Neuter/Spayed: Yes No

Call name: _____ A.K.C. #: _____

Date whelped: _____ Color and markings: _____

Microchip manufacturer: _____

License #: _____ County of license: _____

Check all the appropriate statements below:

- I have never possessed the A.K.C. papers on this dog and it is unregistered.
- This dog is registered and I am surrendering the A.K.C. papers with the dog.
- This dog is currently licensed with the county and I am surrendering its license tags and proof of Rabies vaccination.
- This dog is microchipped and registered with the National Dog Registry/Company and I am surrendering the appropriate certificates.
- I am surrendering health and veterinarian records for this dog.

On the _____ day of _____, _____ ownership of the Newfoundland dog
identified above is transferred from the undersigned to the Colonial Newfoundland Rescue.

All responsibility for the care and disposition of this dog passes to the CNR as of the above
date. Any and all present and future rights, entitlements and claims of the undersigned
and/or the organization represented by the undersigned regarding the identified dog are
forfeited with the signing of this form.

If available, it is agreed that the A.K.C. papers for this dog will be signed and delivered to
the CNR, as of this date.

Information on Person Surrendering

Date: _____

Name: _____ Email: _____

Phone 1: _____ Phone 2: _____

Address: _____

City: _____ County: _____ State: _____ Zip _____

Reason for surrendering dog: _____

Date you request the dog be removed from home: _____ Dog has lived in other homes: Yes No

If you are not the original owner, where was the dog when you got him/her: _____

Why was the dog surrendered previously: _____

Information on Dog Being Surrendered

If extra space is needed, please attach additional pages, or use space provided on last page.

Registered name: _____

Dog's call name: _____ AKC#: _____ Sex: F M

Color and markings: _____ Date whelped: _____

Tattoo #: _____ Microchip #: _____ Chip manufacturer: _____

County license #: _____ County of license: _____

AKC papers available: Yes No Pedigree available: Yes No Spayed/Neutered: Yes No

Owner's Information

Referred by: Owner _____ Internet _____

Dog owner's name of record, *if different from above*: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Breeder's Information

Please note: CNR will contact the breeder about this dog.

If breeder information is unavailable, please explain: _____

Dog breeder's name: _____ Kennel: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Breeder notified by owner of impending surrender: YesNo Response: _____

Health, Medical, and Physical Information

Weight: _____ Height: _____ Dog is sound enough to function in an average home: YesNo

Current health certificate: YesNo Owner to obtain: YesNo Historical only: YesNo

Date of last vaccination for: Rabies _____ Corona _____ DHLP-P _____

Other (Bordatella, Lyme, etc.): _____

List dates of last examination and results for the following health concerns:

Internal parasites _____

External parasites _____

Heartworms _____

Hip dysplasia _____

Heart disease _____

List past diseases/illnesses: _____

List allergies: _____

List any significant medical history: _____

Medications and supplements

Dog is currently on medication: YesNo If yes, please list medications and dosages on last page.

Heartworm preventative: YesNo If yes, date of last dose: _____

Flea and tick preventative: Yes No If yes, date of last dose: _____

Veterinarian Information

Are the dog's medical records available to CNR: Yes No If not, explain: _____

Veterinarian's name: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____ **Dog Food**

Brand of food given: _____ Amount: _____ Schedule: _____

Supplements: _____ Amount: _____ Schedule: _____

Treats: _____ Amount: _____ Schedule: _____

Environmental Information

Dog stays mostly: Confined by fence, type: _____ Height: _____
 Inside home Outside Chained Crated In a dog run Runs free

Dog is trained in and/or familiar with the following things:
 Indoors stairs Outside steps Please describe: _____

Crates Riding in cars Housebroken Walking on leash Other: _____

Dog has lived with other dogs: Yes No If yes, please describe: _____

Dog has lived with cats: Yes No If yes, please describe: _____

Dog has lived with other animals: Yes No If yes, please describe: _____

Dog has lived with children: Yes No If yes, please describe and give ages: _____

Obedience Training: Yes No If yes, please describe and give class info: _____

Trainer Name: _____ Phone: _____ Email: _____

Titles received: _____

Therapy work: Yes No If yes, please describe: _____

Obedience devices used: Yes No If yes, please describe: _____

Temperament

Please describe how the dog reacts to the following situations and things:

Strangers _____

Strange dogs _____

Strange cats _____

Cars _____

Loud noises / thunderstorms _____

Strange situations _____

Someone taking their food, bones, toys, etc. from them _____

Someone approaches from the front _____

Someone approaches from the side _____

Someone approaches from the rear _____

Does the dog: Chew Please describe: _____

Dig Please

describe: _____

Bark Please describe: _____

Jump fences Fence height and style: _____

Behavior

Has the dog bitten, injured or killed an animal or human: Yes No Date: _____

If yes, please describe: _____

Authorities involved: Yes No Results: _____

Please describe the overall behavior of the dog: _____

Special Needs

Please list any special needs this dog may have for the successful placement into a new home: _____

Additional Information

Please use this space to provide any additional information which you feel could be important to a new owner of this dog. Please also use this space if you need more room for a question on previous pages.

Signature of Owner: _____ Print name: _____

Signature of Owner: _____ Print name: _____

Date: _____

Donation

Amount: \$ _____ Fee waived, reason: _____

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For Rescue Committee Only

Timing arrangements made: Yes No Results: _____

Breeder contacted: Yes No Results: _____

Preliminary adoption recommendation: Yes No Explain: _____

Interviewer's summary of dog: _____

Date: _____

Interviewer's name: _____ Signature: _____