

Our foster homes are almost always full, with a line of dogs waiting to enter our system. If you must rehome your Doberman and would like us to help, please fill out the form below with the understanding that it will be necessary for you to keep your dog until we are able to find it a new home. This time period may last from two weeks to six months. We will be happy to list your dog on our websites, but we will not be able to remove it from your possession, as we do not have an actual facility to house our Dobermans. *Please send us three GOOD pictures and a bio of your dog for these listings.*

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Please do not wait until the last minute to notify us that you must rehome your dog immediately.

Download this form to your PC to complete it. Email to <u>jocruzah@yahoo.com</u>, or mail to:

	Do	berman Rescue of New I P.O. Box 26582 Albuquerque, NM 87	,	
First Name		Last Name		
Street Address			Ur	it, Apartment, etc.
City		State	Zip	
Phone number where	you can be reac	hed		
Email Address				
I have provided/pledg	ed an owner sur	render fee of (amount):		
		ts of medical tests, steriliz e care of this Doberman	zation, and/o	r vaccinations (as required), or
If this fee is not provid	led on the date o	f surrender, I will provide	this fee by (date):
How long have you ov	wned this dog?			
Why are you not able	to keep this dog	?		
What is the name of t	he dog you are s	urrendering?		
Is this dog	Purebred	Mixed breed		
If mixed breed, what o	other breeds is th	is dog mixed with?		
Dog's age				
Dog's gender:	Male	Female		
Spayed/Neutered:	Yes	No		
(Please provid	e a copy of the dog	g's Spay/Neuter Certificate a	t the time of s	urrender)

What is the color of the dog?						
Does this dog have a microchip? Yes No Microchip number						
Date of last vaccination						
Vaccinating Vet's Name	Phone Number					
What vaccinations does the dog current	ly have? Check all that apply.					
Parvo: Yes No	Expires (date)					
Distemper: Yes No	Expires (date)					
Rabies: Yes No	Expires (date)					
Bordetella (Kennel Cough):						
Yes No	Expires (date)					
	s life by over-vaccinations, you must provide a copy of the dog's ot have a copy, please contact your vet for a copy.)					
Are the dog's ears cropped? Yes	_ No Is the dog's tail docked? Yes No					
This dog likes Check all that apply. Children Other Dogs Water Riding in the Ca Additional information about this dog's li	ar Playing					
This dog's habits are Check all that a Housebroken Crate trained _ Fence jumping Digging Additional information about this dog's h	Barking (more than necessary) Marking Chewing					
Is this dog under any kind of flea/tick tre If yes, what brand Has this dog ever given birth to puppies	Last applied?					
If yes, how many litters?						
Date of each litter						
How many pups in each litter?						

Does this dog have any	allergies	Yes	No	_			
If yes, please give detail	s				_		
Has this dog ever had any surgeries other than Spay/Neuter? Yes No							
If yes, please provide details as to when, why, and where							
Additional information al	bout this dog's me	edical histo	ry:				
Has this dog ever bitten If yes, who was bitten?	-						
When did this hannon?							
When did this happen?							
Why did the dog bite that	t person?						
Did that person require r Was the dog quarantine What brand of food do y	d because of this	? Ye	S	No			
Type of food?					Mix of dry and canned		
How much do you feed?							
When do you feed, per o	day and time?						
Please provide any othe	r personal habits	, fears, and	anything e	else we sl	nould know about this dog:		

Release of Ownership Statement

I, ______, hereby surrender my dog ______ to DOBERMAN RESCUE OF NEW MEXICO. I hereby turn over all ownership and responsibility as of this date.

By my signature below I agree to the above statement.

Sign Name	Date
	8410