

DOBERMAN RESCUE OF NEW MEXICO Owner Surrender Form

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.*

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. Mail to:

Doberman Rescue of New Mexico, Inc. P.O. Box 26582 Albuquerque, NM 87125

| First Name | | Last Name | |
|---------------------------|--------------------|---|---|
| Street Address | | | Unit, Apartment, etc. |
| City | | State | Zip |
| Phone number where | you can be rea | iched | |
| Email Address | | | |
| I have provided/pledg | jed an owner su | rrender fee of (amount): | |
| | | sts of medical tests, sterili he care of this Doberman | lization, and/or vaccinations (as required), or |
| If this fee is not provid | ded on the date | of surrender, I will provide | e this fee by (date): |
| How long have you o | wned this dog? | | |
| Why are you not able | to keep this do | g? | |
| What is the name of t | he dog you are | surrendering? | |
| Is this dog | Purebred | _ Mixed breed | |
| If mixed breed, what | other breeds is t | this dog mixed with? | |
| Dog's age | | | |
| Dog's gender: | Male | Female | |
| Spayed/Neutered: | Yes | No | |
| (Please provid | e a copy of the do | og's Spay/Neuter Certificate a | at the time of surrender) |

| 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 currently 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) | | | |
| | over-vaccinations, you must provide a copy of the dog's 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 Car Additional information about this dog's likes | Cats Strangers Playing | | | |
| This dog's habits are Check all that apply Housebroken Crate trained Fence jumping Digging Additional information about this dog's habits | Barking (more than necessary) Marking Chewing | | | |
| Is this dog under any kind of flea/tick treatment? | Yes No | | | |
| If yes, what brand | | | | |
| Has this dog ever given birth to puppies? 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 details | | | | | |
| 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 about this dog's medical history: | | | | | |
| Has this dog ever bitten anyone: Yes No If yes, who was bitten? | | | | | |
| | | | | | |
| When did this happen? | | | | | |
| Why did the dog bite that person? | | | | | |
| Did that person require medical treatment for the wound? Was the dog quarantined because of this? Yes No | | | | | |
| What brand of food do you feed this dog? | | | | | |
| Type of food? Dry only Canned only Mix of dry and canned | | | | | |
| How much do you feed? | | | | | |
| When do you feed, per day and time? | | | | | |
| Please provide any other personal habits, fears, and anything else we should 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 By my signature below I agree to the above statement. Sign Name_____ Date_____