

RELEASE OF PET OWNERSHIP

Southeast Bloodhound Rescue, Inc. is a private charitable non profit rescue organization 501(c)3. SEBR is the regional rescue organization affiliated and approved by the American Bloodhound Club, Inc

**Please print all information carefully and in legible form.
Unreadable forms will be returned and delay processing.**

I, _____, as full authorized owner(s), hereby surrender the bloodhound known as _____, age _____, sex _____ Registration # if known _____ to Southeast Bloodhound Rescue, hereinafter referred to as SEBR, represented by the undersigned. I certify that this transfer has been agreed to by all co-owners. I hereby transfer full ownership, rights, and responsibility as of the date of acceptance by SEBR on page 3. I fully understand that should the surrendered bloodhound be aggressive to humans or lethally aggressive to other animals, SEBR will euthanize the bloodhound being surrendered without notification to the undersigned.

Date Release completed: _____
Owner: _____ Co-owner: _____
Address: _____ Address _____
City: _____ State: __ ZIP: _____ City: _____ State: __ ZIP: _____
Phone: _____ Phone: _____
Cell: _____ Cell: _____
Email: _____ Email: _____

PLEASE THOROUGHLY COMPLETE THE FOLLOWING:

Sex: _____ Spayed/Neutered? _____ Breed or Type: _____
Physical Appearance: _____ Color: _____
Registration: _____ White Markings: _____
Tattoo: _____ Scars or broken teeth: _____
Microchip # _____ What company _____
MEDICAL: Shots: _____ Allergies? _____ Heart Worm Tested _____
Results _____ What prevention is the dog on _____ (name and manufacturer)
Veterinarian: _____ Phone: _____

Last Date seen by the Veterinarian _____
Does the pet like: Strangers? _____ Children? _____ Cats? _____ Dogs? _____ other animals _____
Play? _____ Car rides? _____ Toys? _____ Elderly persons _____ (if no to any question, detail in comments)
HABITS: Housebroken? _____ Chewing? _____ Escape house or fence? _____
Digging? _____ Tricks? _____ How does the dog walk on a leash _____
What type of collar/Harness do you utilize _____

TEMPERMENT:(thoroughly explain) _____

Has the pet ever bitten anyone (Y/N)?: _____ Who? _____ When? _____
Why? _____ Seriousness of bite? _____
Is the dog crate trained? _____ Where does the dog sleep at night _____
Where is the dog kept during the day when the owners are away _____
When the owners are at home _____
Has the dog had any obedience training _____ what type and what was the result of that training _____

Please note that no dog will be accepted until this completed application is in Rescues possession. As soon as the surrender is received you will be contact.

Please send via e-mail to the address below good photographic pictures of the dog. Include at least on head shot and one side shot, showing the entire body of the dog.

ADDITIONAL COMMENTS: Please comment on your experience with your dog *(Please include any information that a prospective new owner may need, both good and bad. If additional space is needed, feel free to attach additional pages as necessary.)*

We/I hereby certify that we/I have full authority and rights to surrender the described dog to Southeast Bloodhound Rescue, Inc.

Signature of Surrendering Owner _____ Date _____

Signature of Surrendering Co-Owner _____ Date _____

ACCEPTED BY _____ Representative of SEBR

Date _____

MAIL COMPLETED RELEASE TO: Southeast Bloodhound Rescue

Leanne Dayvolt
61 Cypress Circle
Carrollton, GA 30116
(770) 836-8428
sebr@bellsouth.net