The Small Charity with a Big Heart

Initial Information including Vet Information Release Request

Owner Name	
Address	
Post Code	
Email	
Phone Number	
Pedigree Name of dog	
Pet Name of dog	
Date of birth	
Sex and Colour	
Vet's Name and Address	
Vets Phone Number	
Microchip Number	

Please use this form as signed authority to release medical history of the dog named above to the Team Edward Labrador Rescue

Signature of Owner Dated.....

Registered Charity No: 1159125 Registered Address: 9 Rushley Manor Nottingham Road Mansfield NG18 5BG www.team-edward-labrador-rescue.co.uk

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Dog Surrender Agreement

This agreement is made between Team Edward Labrador Rescue and....

Owners Full Name	
Address	
Post Code	
Email	
Phone Number	
Pedigree Name of dog	
Pet Name of dog	
Date of birth	
Sex and Colour	
Microchip Number & Company Registered with	

It is agreed in consideration of the undertaking given by Team Edward Labrador Rescue detailed below, the owner hereby:

A Releases into custody and ownership of the above named dog(s).

B Relinquishes to the rescue all or any claim to future custody and use of the dog(s)

C Acknowledges and accepts responsibility for any legal liability howsoever arising as owner of the dog(s) prior to the signature of this agreement by an authorised representative of Team Edward Labrador Rescue

In consideration of release of the dog(s) into its custody Team Edward Labrador Rescue hereby assumes ownership of the dog(s) and takes responsibility for:

A The care and welfare of the dog(s) including all appropriate veterinary treatment, vaccination, kennelling, insurance and payment of all expenses and fees incurred in respect thereof.

B All or any legal liability howsoever arising as owner of the dog(s) on or after signature of this agreement by the owner and an authorised representative of Team Edward Labrador Rescue.

Signature of Owner.....Date.....

Signed on behalf of Team Edward Labrador

Rescue.....

Date.....Donation Received.....

The Small Charity with a Big Heart-Dog(s)Acceptance Questionnaire

Dog(s) Name.....D.O.B.....

Is the dog(s) house trained	Yes	No
Do they ever have an "accident"	Yes	No
How do they let you know they want to go outside		
Are vaccinations current and if so when are they due.		
Date of last worming		
Date of last flea/tick treatment		
Does the dog(s) travel well and where do the sit in the vehicle	Yes	No
Is the dog(s) used to men and women	Men Yes/No	Women Yes/No
Is the dog(s) used to children	Yes	No
If dog has lived with children please give ages of children		
Is the dog good around other dogs	Yes	No
Has the dog(s) lived with other dogs	Yes	No
Can the dog be left alone , if so for how long if no why		
Has the dog ever been destructive , if yes please give details		
Can you remove the dogs feeding bowl	Yes	No
Can you remove toys from the dog	Yes	No
Does the dog pull on the lead	Yes	No
When off lead does the dog return when called	Yes	No
Has the dog lived with cats	Yes	No
Is the dog crate trained	Yes	No

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Where does the dog sleep at night		
Is the dog allowed upstairs	Yes	No
How does the dog react to grooming		
How does the dog behave at the vet		
How do you tell the dog off		
How does the dog react to being told off		
What is the dog fed on. Brand and type of food		
Does the dog have any dietary needs, if yes please provide details		
What commands does the dog follow both verbal and hand signals		
Reason for rehoming the dog		
If dog is a bitch if not spayed when was the dog last in season		
Vet Details		
Microchip Number & Registration Company		
Please detail anything else you think we or the new owners should know to make the transition into their new home as easy as possible for dog and new owner		

Owners Signature......Date.....