

OWNER SURRENDER FORM

We understand that giving up your pet may be a difficult decision, but we realize that in making this choice, you are thinking about your dog's best interests. We are here to help. Please provide as much information as possible. Above all, please be honest; we understand your dog may not be perfect, but the more we know then the better we are able to find the perfect new home for your dog. Your dog deserves a second chance to find a wonderful home, and by providing us with the most detailed information, you will help Pyrenean Shepherd Club of America (PSCA) better accomplish this goal. All questions should be answered - if not applicable or you don't know, please enter N/A. Thank you for trusting PSCA with your dog's future.

OWNER'S INFORMATION:

Date: _____ **Name (Last, First, M.I.):** _____
Address: _____
City: _____ **State & Zip:** _____
Daytime Phone: _____ **Are you the sole legal owner of the dog?**
Evening Phone: _____ **Yes__ No__**
Best Time to Call: _____ **If No, provide the co-owner name and phone?** _____
By what date must you surrender the dog? _____
Email Address: _____ **And, provide written permission from the co-**
How Often Do You Check Email: _____ **owner to surrender the dog.**

DOG'S INFORMATION:

Name: _____ **Breed:** _____
Color: _____ **Sex:** M _____ F _____
Age: _____ **Date of Birth** _____ **Spayed** _____ **Neutered** _____ **Not Altered** _____
How long have you had this dog? _____ **Is this an outside dog?** Yes _____ No _____
Is the dog housebroken? Yes _____ No _____ **Is the dog crate trained?** Yes _____ No _____
Why are you surrendering this dog? _____

Where did you get this dog? _____

If you purchased the dog from a breeder did you sign a contract of first right of refusal? Yes _____ No _____

Is this dog micro chipped? Yes _____ No _____ **If Yes: What is the Microchip No** _____

Is this dog registered with American Kennel Club(AKC) _____ **or Canadian Kennel Club (CKC)?** _____

If Yes: What is the Registration No. _____ **Do you have the registration papers?** Yes _____ No _____

Is the pedigree available? Yes _____ No _____

You are also requested to submit pictures of your dog, preferably a front view and side view; sitting and standing; in order to determine that the dog is definitely a Pyrenean Shepherd.

MEDICAL

When was last Vet visit? _____ Are vaccinations current? Yes _____ No ___ Unknown _____

If yes, which vaccinations are current? DHPP ___ Rabies ___ Bordetella ___

Is the Dog on Heartworm preventative? Yes ___ No ___ Unknown _____

If yes, what type of preventative? _____

When was last heartworm preventative given? _____

When was last flea/tick preventative given? _____

VETERINARIAN INFORMATION

I understand that PSCA will make every effort to find a loving home for my dog and grant my permission to contact the medical service provider named below and hereby grant permission for the release of all records and information in their possession. It is the owner's responsibility to ensure that PSCA has a copy of the dog's records prior to, or at the time of, the physical surrender. Please note that PSCA will not take possession of the dog unless vet records are provided.

Veterinarian Name: _____

Telephone Number: _____

Address: _____

Address: _____

City: _____

State: _____ Zip: _____

OWNER STATEMENT

I, _____, being owner of _____, being a
(owner) (name of dog)

(description of dog, color, age, weight, etc.)

hereby voluntarily relinquish all claims and ownership of said dog to the organization known as Pyrenean Shepherd Club of America (PSCA) and members thereof. I cannot reclaim this dog once the dog is in possession of PSCA and understand that this animal will be spayed or neutered, if needed.

I agree to give up the dog's AKC or CKC registration papers (if registered) and all medical records available. Neither PSCA nor members thereof shall be held responsible for actions of the adoptive or foster family and/or dog. I certify that this dog is not vicious and has never shown signs of aggression towards human beings.

Signature: _____ Date: _____

Printed Name: _____

State Driver's License #: _____