



SAN FRANCISCO SAMOYED RESCUE, INC. (SFSR)

P.O. Box 4215, San Rafael, California 94903

www.sfsr.org rescue@sfsr.org

Voicemail only: (650) 758-7722

“Bridging the Gap Between Homelessness and a Loving Family”

Owner or Finder Relinquish Statement

I, _____, am voluntarily releasing all rights of ownership to San Francisco Samoyed Rescue for the Samoyed known as _____ as of _____ (date).

Samoyed Rescue reserves the right to refuse adoption to anyone. All medical, spay/neuter, foster care, and adoptions are left to the discretion of Samoyed Rescue and its representatives. No animal is accepted into Samoyed Rescue for any reason other than placement as a pet. This animal may be euthanized at the discretion of Samoyed Rescue if medical or behavioral problems prohibit its placement.

To my knowledge, this dog has NOT bitten anyone in the last ten (10) days.

Signature of Owner or Finder: _____

Current Owner/Finder Full Name: _____

Drivers License Number and State: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____

Information About Animal Relinquished

Gender: _____ Age: _____ Weight: _____

Distinguishing Marks or Features: _____

Municipal License Number: _____

Breeder Name/Location: _____

If Found, Location and Date: _____

Type & Brand of Food: _____

Amount of Food Per Day: _____

Veterinarian Name & Phone: _____

Date of Last Rabies Vaccination: _____ Expires: _____

Reason(s) for Relinquishing Dog: _____

Please complete the Doggy Resume on the reverse side of this form.

SFSR Doggy Resume

Dog's Name: _____ Dog's Age: _____

Predominant Breed: _____ Secondary Breed: _____

Dog's Gender: _____ Spayed or Neutered: _____

Microchip ID & Type: _____

Medical

Current on Rabies Vaccination: Yes No
Last Dose: _____

Current on DHLPP Vaccinations: Yes No
Last Dose: _____

Medications Currently Taking: _____

Special Medical Needs (ex: allergies, skin problems, arthritis, special diet, etc.): _____

Compatibility

Good with: puppies female dogs male dogs small dogs large dogs all dogs
If not compatible, please explain: _____

Good with children of ages: 0-3 4-7 8-11 12+ all ages
If not compatible, please explain: _____

Likes men & women: Yes No If No, please explain: _____

With cats or other small animals: Yes No If No, please explain: _____

Has the dog ever killed another animal: Yes No If Yes, please explain: _____

Has the dog ever bitten anyone: Yes No If Yes, please explain: _____

Training

House Trained: Yes No Crate Trained: Yes No Leash Trained: Yes No

Response to Grooming (likes it, dislikes it, nips, etc.): _____

Obedience Trained: Yes No Level (basic, intermediate, advanced): _____

Type of Training (clicker, leash correction, positive reinforcement, etc.): _____

Obedience Issues: _____

Personality & Behavior (check all that apply)

Exceptionally quick learner	Destructive chewer	Excitable/High energy	Calm
Escape artist	Needs _____ ft fence	Likes car rides	Shy
Needs companion dog	Scared of loud noises	Submissive urination	Digger
Alpha personality	Nervous		
Excessive barker	Other _____		

Dog's favorite toy: _____

Dog's favorite treat: _____

Additional Info.

Please provide SFSR with any medical, breeder, or other records you may have for this dog. Thank you.