



SAN FRANCISCO SAMOYED RESCUE, INC. (SFSR)

P.O. Box 4215, San Rafael, California 94913

[www.sfsr.org](http://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.