



Healing with Empathy and Animal Love

Phone: (646) 425 0063  
info@healsanctuary.org  
[www.healsanctuary.org](http://www.healsanctuary.org)

### H.E.A.L SANCTUARY DOG RELINQUISHMENT FORM

Thank you for entrusting your precious dog to our rescue program so that he or she may have a new life. We realize there are many good reasons for relinquishment and respect those decisions. Giving your dog this opportunity is an act of love, and you are definitely doing the right thing. Our mission is to care for your dog, and find him or her the best family possible for a great match. However, **H.E.A.L Sanctuary** will not accept dogs that are aggressive with other animals or with people.

I, \_\_\_\_\_, certify that I am the sole and legal owner of this dog and hereby surrender to , **H.E.A.L Sanctuary** the dog known as \_\_\_\_\_. I hereby turn over full ownership and responsibility as of this date: \_\_\_\_\_. I understand that the contract is effective immediately from this date. I also understand that with this instrument the dog becomes the property of **H.E.A.L Sanctuary**. I will make no attempt to reclaim or visit this dog.

I am donating \$\_\_\_\_\_ towards the care and placement of my dog. Going forward I will donate:

Monthly \$\_\_\_\_\_

Annual \$\_\_\_\_\_

Undecideds

Witness:

\_\_\_\_\_

Signature of Owner:

\_\_\_\_\_

Address of Owner:

\_\_\_\_\_

\_\_\_\_\_

Telephone Number of Owner

\_\_\_\_\_

#### Release of Veterinary Records

Owner's Clinic Address and Phone Number:

I hereby authorize the veterinarian named herein to release information about me or my pet(s) to **H.E.A.L Sanctuary** as necessary to evaluate this application.

**PLEASE FILL OUT THE FOLLOWING SECTION TO HELP US REHOME YOUR DOG**

**(Check all that apply; add any helpful information where you can.)**

**Age of dog:**

- 8 wks -6 mos     6 mos-1 yr     1-5 yrs     5-10 yrs+     10 yrs+

**Size of dog:**

- < 20lbs     20-50lbs     50lbs+

**Type of dog (please give details):**

- Purebred ( \_\_\_\_\_ )     Mix-breed ( \_\_\_\_\_ mix)

**Socialization - Your dog likes:**

- |  |                                   |                                    |
|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Other dogs        | <input type="checkbox"/> Cats     | <input type="checkbox"/> Children  |
| <input type="checkbox"/> Walks             | <input type="checkbox"/> Play     | <input type="checkbox"/> Strangers |
| <input type="checkbox"/> Riding in the car | <input type="checkbox"/> Swimming | <input type="checkbox"/> Other     |

**Has your dog been (check all that apply):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Housedog          | <input type="checkbox"/> Crated               | <input type="checkbox"/> Tied/Chained in house |
| <input type="checkbox"/> Yard at all times | <input type="checkbox"/> Yard part-time       | <input type="checkbox"/> Doghouse              |
| <input type="checkbox"/> Loose in yard     | <input type="checkbox"/> Tied/Chained in yard | <input type="checkbox"/> Loose in neighborhood |
| <input type="checkbox"/> Other             |   |  |

**Habits (check all that apply):**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> House-trained         | <input type="checkbox"/> Howling           | <input type="checkbox"/> Barking                   |
| <input type="checkbox"/> Runs                  | <input type="checkbox"/> Escape artist     | <input type="checkbox"/> Digging                   |
| <input type="checkbox"/> Jumps fences          | <input type="checkbox"/> Jumps on people   | <input type="checkbox"/> Gets out to follow people |
| <input type="checkbox"/> Gulps food            | <input type="checkbox"/> Finicky eater     | <input type="checkbox"/> Used to collar and leash  |
| <input type="checkbox"/> Walks nicely on leash | <input type="checkbox"/> Chewing           | <input type="checkbox"/> Destructive               |
| <input type="checkbox"/> Likes the outdoors    | <input type="checkbox"/> Signals to go out | <input type="checkbox"/> What signal?              |
| <input type="checkbox"/> Training              | <input type="checkbox"/> Tricks            | <input type="checkbox"/> Other                     |



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**Temperament:**

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Friendly       | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Anxious to please       |
| <input type="checkbox"/> Happy-go-lucky | <input type="checkbox"/> Suspicious   | <input type="checkbox"/> Cautious                |
| <input type="checkbox"/> Aggressive     | <input type="checkbox"/> Shy          | <input type="checkbox"/> Reserved                |
| <input type="checkbox"/> Protective     | <input type="checkbox"/> Stubborn     | <input type="checkbox"/> Very trainable/Obedient |
| <input type="checkbox"/> Calm           | <input type="checkbox"/> Adaptable    | <input type="checkbox"/> Stubborn                |
| <input type="checkbox"/> Mellow         | <input type="checkbox"/> Lethargic    | <input type="checkbox"/> Hyper                   |

Can you add anything to describe the dog's general temperament?

\_\_\_\_\_

Has the dog ever bitten a person?

- Yes       No       If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Action taken? \_\_\_\_\_

**Medical History:**

Veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Shots (Which)? \_\_\_\_\_

When? \_\_\_\_\_ Rabies Shot? \_\_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_ Expires: \_\_\_\_\_

Heartworm test? \_\_\_\_\_ Date: \_\_\_\_\_ Positive/negative: \_\_\_\_\_

Is this dog on heartworm preventative? \_\_\_\_\_ If so, dose/brand: \_\_\_\_\_



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Fecal exam date: \_\_\_\_\_ Results: \_\_\_\_\_

Spayed/Neutered? \_\_\_\_\_ Date: \_\_\_\_\_

AKC papers, if any? \_\_\_\_\_ Number: \_\_\_\_\_

Other medical history (illness, allergies, injuries, physical problems): \_\_\_\_\_

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**Food & Medication:**

Type of food? \_\_\_\_\_ Number of feedings per day? \_\_\_\_\_ Amount \_\_\_\_\_

Type of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

**Reason for giving dog up:** \_\_\_\_\_

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**Items given with dog:**

Leash? \_\_\_\_\_ Collar? \_\_\_\_\_ Toys? \_\_\_\_\_ Describe Toys: \_\_\_\_\_ Blanket? \_\_\_\_\_

Crate? \_\_\_\_\_ Food? \_\_\_\_\_ Describe Food: \_\_\_\_\_

Other: \_\_\_\_\_



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**(For use by H.E.A.L Sanctuary)**

Volunteer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dog taken to: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Rescue # \_\_\_\_\_ Date Adopted: \_\_\_\_\_ AKC papers, if any? \_\_\_\_\_

New Owner \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_