

Surrender Release Form



Please send completed form to :

Leo Rescue Ontario
Attention: Ms. Gail Bishop
336 – 5th Line North, RR 1
Oro Station, Ontario L0L 2E0
Fax # : (705) 487 - 1849

Email : Info@LeoRescueOntario.com

Completing the Surrender Release Form now, at the same time as the Intake Form, will assist in the transfer of your dog. A hard copy of this signed form should be exchanged at the time the dog is transferred to **Leo Rescue Ontario**.

Owner Release Agreement

I hereby declare that I am the legal owner of the following dog :

Dog's Name : _____
Microchip / Tattoo # : _____ Age or Birth Date : _____
Gender : _____ Neutered/Spayed ? _____
Breed (Purebred / Mix) : _____
Physical Description (Height, Weight, Colouring, Distinguishing Marks) _____

And as such I am legally entitled to transfer ownership of this dog to the non-profit volunteer run organization **Leo Rescue Ontario**, a rescue and placement service for Leonberger dogs.

To the best of my knowledge, this dog has shown no undue aggression toward people, nor has it bitten any human being.

I understand that **Leo Rescue Ontario** will place this dog as a family companion according to their operating policies and procedures. I further understand that according to **Leo Rescue Ontario's** policies, and in consideration of the best interests of all, the name and location of the dog's future owners will not be provided to me and my name will not be provided to those adopting owners.

I have read, understood and agree to the foregoing and hereby relinquish the above noted dog to **Leo Rescue Ontario**. I also agree to the (\$) placement fee payable by me to **Leo Rescue Ontario**.

Owner(s) Name(s) : _____
Date Form Completed : _____
Signature(s): _____
Mailing Address : _____
Contact Numbers : _____
Home Phone Business or Cell Phone Fax Number

One copy to be retained by Owner
One copy to be retained by **Leo Rescue Ontario**

Agent for Leo Rescue Ontario : _____

Surrender Intake Form

Please provide as much information as possible. It will assist us in finding the best possible home for your dog.
If you have any questions, please call Gail Bishop, Director & Rescue Co-ordinator at (705) 487-2517

Owner(s) Name(s) : _____

Date Completed : _____

Mailing Address : _____

Email Address(es) : _____

Contact Numbers : _____
Home Phone Business or Cell Phone Fax Number

Dog's Name : _____

Microchip / Tattoo # : _____ **Age or Birth Date :** _____

Gender : _____ **Neutered/Spayed ?** _____

Breed (Purebred / Mix) : _____ **How long have you owned this dog ?** _____

Are you the original owner since a puppy? _____

If not the original owner, what details can you provide? How did you come to own this dog?
(Shelter, received from a Friend/Relative, Found, Bought from Breeder - please provide Breeder's contact details if available.)

Has the dog's breeder been contacted? Generally what was discussed or decided?
It would be helpful to find out more about this dog's pedigree. May we please contact the breeder?

Behaviour & Experiences – Please tell us how well this dog interacts with each of the following.

Please use these ratings : Excellent, Very Good, Good, Poor, Very Poor or No Experience / Unknown.

Interaction with Male Dogs _____ Interaction with Cats & Small Animals _____

Interaction with Female Dogs _____ Interaction with Young Children _____

Vaccination Status & Other Health Testing

Date Last Given	Date Last Given	
Distemper _____	Leptospirosis _____	Date of last Heartworm Test? _____
Hepatitis _____	Coronavirus _____	Heartworm Medication? _____
Parainfluenza _____	Bordatella _____	Date of last Fecal Exam? _____
Parvovirus _____	Rabies _____	Fecal Results? Medication? _____

Any past and/or present health conditions to tell us about?

Please attach a separate sheet if necessary.

Is the dog on any current medications?

If yes, please provide details.

Please tell us about your dog's food regime.

How often do you feed your dog daily, or do you leave food down all day? What brand name and flavour of food is your dog currently eating? What treats, if any, does your dog like? Does your dog have any known food allergies?

What are your reasons for giving up this dog?

It is very helpful to have medical records for any dog we take in. May we please contact your veterinarian to obtain your dog's records? If yes, please provide the clinic name, location & phone number (including area code) for your vet.

Are there any other comments you would like to make at this time?

Please feel free to tell us about the dog's personality, favourite activities, likes & dislikes, etc.

If you are willing to share photos and stories about your dog's early years, any and all information would be greatly appreciated.

Thank you for contacting Leo Rescue Ontario.

Please be reassured that we will make the best possible match when finding your dog a new home. Please see the front page of the **Surrender Release Form** for instructions regarding returning the form.

One of our **Rescue Co-ordinators** will be in touch with you at our earliest convenience.