



141-616 NPO / PBO 93004997

5a Lancaster Road

Kenilworth

7708

ANIMAL SURRENDER AGREEMENT:

Name and Surname:

ID Number:

Contact Number:

Address Number:

Fact Sheet:

The purpose of this information is to get insight on your dog's behavior, quirks, likes & dislikes.

We will need this information to ensure that your dog is placed with a family that is best suited for him/her.

| | |
|------------------------|--|
| Name of Dog | |
| Breed | |
| Sex | |
| Sterilized / Neutered | |
| Age | |
| Number of dogs in home | |
| Socialized with dogs | |
| Socialized with cats | |

| | |
|---------------------------------------|--|
| Socialized with Other animals | |
| Socialized with small children | |
| Type of food being fed | |
| Feeding schedule | |
| Food aggression | |
| Medication | |
| Date of last Vaccination | |
| Date of last Deworming | |
| Allergies | |
| No touch zones on body | |
| Walking | |
| Housetrained | |
| Sleeping Arrangements | |
| Likes / Dislikes / Behavior | |
| How long has dog been living with you | |
| Reason for surrendering pet | |

Declaration:

- I agree to surrender the above mentioned Dachshund/Dachshund Cross to Cape Dachshund Rescue unconditionally and no longer have any claim on the animal whatsoever.

Signature of Owner: _____

Date: _____

Witness: _____