



**Adora-Bull Terrier Rescue and Rehabilitation**

Contact: Dania Skone – 072-183-7850

E-mail: Hannes@falconll.co.za

**NPO Number: 1566543**

**ANIMAL SURRENDER FORM**

By signing the form, I state that I am the owner of the animal who is the subject of this Animal Surrender Form, hereinafter referred to as “the animal”. To my knowledge, no other person has any right to this animal. I hereby surrender all rights to the animal and confirm that all information given is done freely and to the best of my knowledge. No information pertaining to the animal has been withheld. I understand that once I relinquish the animal, the animal will not be available to be returned. I have read and understand the terms of the Animal Surrender Form.

**Owner Information**

\_\_\_\_\_

Date \_\_\_\_\_ Address (where animal currently is) \_\_\_\_\_

\_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Tel Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Additional Information**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Is dog sterilized: \_\_\_\_\_ Is dog vaccinated: \_\_\_\_\_

Is the dog micro-chipped: \_\_\_\_\_

Is the dog socialised with children: \_\_\_\_\_ Other dogs: \_\_\_\_\_

Cats: \_\_\_\_\_ Domestic staff: \_\_\_\_\_

Has the dog ever bitten another person or animal? If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

Has dog had any obedience training: \_\_\_\_\_

Ease of traveling per car: \_\_\_\_\_

Ease of traveling to vet: \_\_\_\_\_

Where does the dog normally sleep: \_\_\_\_\_

Any likes/dislikes: \_\_\_\_\_

Any other information you feel is relevant: \_\_\_\_\_

\_\_\_\_\_

**Kindly note that all dogs must be sterilized/vaccinated before rehoming and we may ask for a contribution towards the costs involved.**