

SURRENDER RELEASE

Save One Soul Animal Rescue League (SOS)

Telephone: 401.206.0727 | E-mail: surrender@SOSARL.org | Fax: 954.208.2727 | Mail: P.O. Box 498, Wakefield, RI 02880

TO BE COMPLETED BY THE RELINQUISHING ADOPTER(S), OWNER(S) or FINDER(S):

- I (We) do hereby agree to surrender to Save One Soul Animal Rescue League ("SOS") the dog described below with no expectation of compensation (financial or other) from SOS;
- I (We) do hereby certify that this dog has not shown any signs of aggression or has a bite history (if YES, explain in full on a separate page, including all dates of incidences);
- I (We) do hereby certify that this dog has not shown any signs of illness in the past ten (10) days (if YES, explain in full on a separate page);
- I (We) do hereby give SOS permission to contact our veterinarian(s) and review all records/history on this dog;
- I (We) UNDERSTAND THAT THIS ACTION IS **IRREVOCABLE**;
- I (We) UNDERSTAND THAT SOS DOES NOT ASSUME ANY LIABILITY OTHER THAN TO TAKE DUE CARE TO PROVIDE TEMPORARY CARE AND TO MAKE A REASONABLE EFFORT TO FIND A SUITABLE HOME FOR SURRENDERED DOG SHOULD THE DOG BE DEEMED ADOPTABLE AND THAT SOS DOES NOT ASSUME THIS DUE CARE RESPONSIBILITY UNTIL THE BELOW IS COUNTERSIGNED BY THE SOS EXECUTIVE DIRECTOR.

Dog's Name _____ Color _____ Age/DOB _____ Sex _____ Weight _____

1. Current Location of Dog: _____

2. Date by which dog must be rehomed: _____

3. Vet Name _____ Address _____

Vet Phone # _____ Date last seen by vet _____

4. Heartworm preventative used (**please include ALL dates and brands used**): _____

5. Flea/Tick preventative used (**please include ALL dates and brands used**): _____

6. Has the dog ever been treated for:

- | | | |
|---------------------------------------|----------|---|
| a. ear infections? | Yes / No | If yes, please detail in full on a separate page. |
| b. eye issues? | Yes / No | If yes, please detail in full on a separate page. |
| c. hot spots/allergies/skin problems? | Yes / No | If yes, please detail in full on a separate page. |
| d. other health problems? | Yes / No | If yes, please detail in full on a separate page. |
| e. biting/aggression? | Yes / No | If yes, please detail in full on a separate page. |
| f. Other? | Yes / No | If yes, please detail in full on a separate page. |

By affixing my (our) signature (s) to this surrender agreement, I (We) agree that I (We) are the legal owners of surrendered dog and are doing so of our free will.

Printed Name _____ Signature _____

Printed Name _____ Signature _____

Address: _____ Dated: _____

Phone: _____ E-Mail: _____

TO BE COMPLETED BY SOS EXECUTIVE DIRECTOR:

By affixing the below signature, SOS DOES NOT ASSUME ANY LIABILITY OTHER THAN TO TAKE DUE CARE TO PROVIDE TEMPORARY CARE AND TO MAKE A REASONABLE EFFORT TO FIND A SUITABLE HOME FOR SURRENDERED DOG SHOULD THE DOG BE EVALUATED AS ADOPTABLE:

Printed Name: _____ Signature: _____ Date: _____