

**DACHSUND RESCUE OF BUCKS COUNTY  
SURRENDER FORM**

Dog's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Sex \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_ Color \_\_\_\_\_

Microchipped \_\_\_\_\_ Tattooed \_\_\_\_\_ If yes, # \_\_\_\_\_

How long have you owned this dachshund? \_\_\_\_\_

Does this dog have any medical problems? Yes\* \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Housetrained      Yes      No      Crate Trained      Yes      No

Paper Trained      Yes      No      Good with children      Yes      No

Other pets\*      Yes      No      Ever Bitten\*\*      Yes      No

\*List other pets in household: \_\_\_\_\_

\*\*Please explain circumstances \_\_\_\_\_  
\_\_\_\_\_

Vet's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Practice Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Last Vet's Visit \_\_\_\_\_ Reason for visit: \_\_\_\_\_  
\_\_\_\_\_

Vaccination Record: Please list date of most recent:

Rabies \_\_\_\_\_ DHLPP \_\_\_\_\_

Heart Worm Test \_\_\_\_\_ On Heartworm Preventive? \_\_\_\_\_

I /We certify I /we am the legal owner of this Dachshund and I/we surrender this Dachshund to Dachshund Rescue of Bucks County. I/we understand by surrendering this Dachshund to DRBC, I/we give up all legal ownership and any future claims on this dog. I/we attest the information is true and correct. I/we release and indemnify Dachshund Rescue of Bucks County from any responsibility for any false information provided by me/we regarding this animal.

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Co-Owner's  
Signature \_\_\_\_\_ Date \_\_\_\_\_