

Rescue Our Mill Pups Italian Greyhound Rescue

P.O. Box 34612 Chicago, IL 60634 fax: 866-778-1899 info@ROMPRescue.com

Surrender Agreement

1. ROMP Italian Greyhound Rescue agrees to accept into the rescue program the dog(s) described below.
2. It is expressly understood by the parties of this Surrender Agreement that the Releaser voluntarily surrenders the below described dog(s) to the rescue service free and clear of any claim of ownership and guarantees that no claim of ownership will ever be made against said dog(s).
3. Releaser represents and warrants that the Releaser is the sole owner of this/these dog(s) and has the full and complete legal right to release said dog(s) to ROMP. Releaser will provide any registration papers or medical records upon release to ROMP. Releaser provides full disclosure of all known information regarding the temperament, behavior, characteristics and medical problems and treatments of the dog(s) below.
4. ROMP assumes all responsibility for the dog's/dogs' actions after the dog is released. The rescue service agrees to hold releaser harmless for any actions of the dog(s) after it is released to the rescue service unless there is an undisclosed history of aggression or aggressive episodes involving biting. It is mutually agreed by the parties that the only exception shall be if the dog(s) remain(s) in the physical custody of releaser as set forth in paragraph 5.
5. If the dog(s) being released herein remain(s) in the physical custody of releaser until such time as ROMP finds a suitable home for the dog(s), it is understood and agreed that the dog(s) is/are the sole property of ROMP.

Name of surrendered dog: _____ DOB: _____ Male/Female

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Breed: Italian Greyhound

Color/markings: _____

Microchip No.: _____

Where and when was this dog acquired? _____

Reason for surrender: _____

ROMP Italian Greyhound Rescue Foster Application

Name and contact information for your veterinarian: _____

Medical condition(s): _____

Spayed/neutered: Yes No

Heartworm tested? Yes No On preventative medication? If yes, which kind?

On flea/tick prevention? Yes No If yes, which kind?

Vaccinations:

Rabies Yes No Date last vaccinated:

Distemper/Parvo/Parainfluenza Yes No Date(s) of vaccinations:

Bordetella Yes No Date of last vaccination: _____

Date & results of most recent fecal exam: _____

Medications: _____

Allergies (food, medication, etc.): _____

History of aggression? Yes No

House-trained? Yes No

Crate trained? Yes No

Good with other dogs? Yes No

Good with cats? Yes No

Good with other pets (eg, birds)? Yes No

Good with children? Yes No

ROMP Italian Greyhound Rescue Foster Application

Does this dog exhibit behaviors that could lead to escape such as scaling fences, digging underneath fences, etc? Please explain.

Describe your dog's personality, likes/dislikes, habits, etc.

Please provide any other information that you think would be helpful in evaluating / training this dog and identifying an appropriate adoptive home for him/her.

I hereby immediately relinquish all rights and responsibilities to the dog(s) described above to ROMP Italian Greyhound Rescue as of _____, 2013. I authorize the veterinarian(s) listed herein to release all medical records concerning this/these dog(s) to ROMP Italian Greyhound Rescue. By signing below, I also assert that I have read and understood this agreement and have answered the above questions fully and to the best of my knowledge.

Signature of Releaser _____ Date _____

Rescue Representative _____ Date _____