



Owner Relinquish Form

INSTRUCTIONS:

If you have any questions, contact us at: info@njsheltierescue.org

- Download the form to your computer, fill it out and save it, then email it to: info@njsheltierescue.org
- Or Download the form, print and fill it out, scan it and email to: info@njsheltierescue.org
- Or Download the form, print and fill it out, then mail it to: **SSPSNJ, 107 Broad St., Suite 694, Hainesport, NJ 08036**
Please put **“Owner Relinquish Form”** on the envelope.

Shetland Sheepdog Placement Services of NJ (hereafter SSPSNJ) understands that having to make the decision to give up your dog is very personal and often difficult. SSPSNJ has placed adoptable shelties of all ages, young and old (senior citizens) alike, even placing special needs dogs that require extra care but in return offer lots of love.

SSPSNJ is not a shelter, but a non-profit 501(c)3 organization dedicated to finding loving permanent homes for shelties. If you have any questions as to whether your dog can be placed, please email us at info@njsheltierescue.org We can discuss your dog's specific issues and help you with your decision.

Some behaviors can be modified once they are understood through some simple training techniques that you may not be aware of. We would be glad to talk with you regarding any of your issues, and perhaps help you work through some problems so that you may not have to place your dog.

Personal Information

Owner's Name(s): <small>Please Print Name(s)</small>			
Owner's Signature:			Date
Address: (City, State, Zip)			
Phone:	Home:	Work:	Cell:
Email address:			
Owner's Representative:			
Address:			
Phone:	Home:	Work:	Cell:
I have permission from the owner to surrender this dog			
Owner's Representative Signature			Date

Veterinarian Information

Vet's Name:	
Address:	
Phone:	

Dog's Information

Dog's Name:	Age:	Weight:
Spayed / Neutered (if yes, proof required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Where did the dog come from?		How long have you owned this dog?
<input type="checkbox"/> Breeder <input type="checkbox"/> Pet Store <input type="checkbox"/> Shelter <input type="checkbox"/> Rescue <input type="checkbox"/> Other _____		
If Breeder: Name	Phone Number	
HAS THIS SHELTY EVER, AT ANY TIME, SHOWN ANY AGGRESSION TOWARDS HUMANS OR ANIMALS, OR HAS THIS SHELTY EVER BITTEN OR ATTEMPTED TO BITE ANY HUMAN OR ANIMAL, OR HAS ANOTHER ANIMAL EVER BITTEN THIS SHELTY?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:		
Reason for placing this sheltie:		

Medical History

Last Veterinary Visit:		Last DHLPP Vaccination:	
Last Rabies Vaccination:		Last Heartworm Test:	
Is this dog currently on Heartworm Preventative:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Which one:
	Date given:		
Is this dog currently on Flea/Tick Treatment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Which one:
	Date given:		
List any health problems, past or present (i.e. allergies, epilepsy, hypothyroidism, hip dysplasia, arthritis)			

Proof of rabies certificate must be submitted with the application. If it is not submitted we will not accept the application until we have a current rabies certificate.

Has this Sheltie ever been:

House Dog?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Kenneled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tied/Chained Outside?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Allowed To Run Loose?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In A Fenced Yard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Electronic Fence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Abused By A Person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dog Tattooed or Microchipped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Tattooed, Registration Numbers:						If Microchipped, Registration Numbers:					
Registered with what Company?						Registered with what Company?					
Please Provide All Signed Registration Paperwork											

Habits:

Housebroken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Barks or Whines When Left Alone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Used to Wearing A Collar?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Digs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Jumps Fences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Food Aggressive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shows Any Sensitivity Toward Being Touched Anywhere On Its Body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Where?		
Is Destructive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Please Explain								
Barks or Grabs People As They Try to Enter or Leave Home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Please Explain								
Please List / Explain Any Other Habits Not Mentioned (i.e. Loud Noises, Separation Anxiety, Fear of Certain Objects, Prefer One Gender of Human, Thunder, Fire Crackers, Circling, Pacing, Barking, etc.)											
Explain The Sheltie's Activity Level:											

Dog Food

Dry Food Brand (and Amount Fed):			
Canned Food Brand (and Amount Fed):			
Treats (Type):			
Feeding Times:	AM:	PM:	Any Supplements:
Any Food Allergies (i.e. Wheat, Corn, Beef, etc.):			

Does This Sheltie Like:

Men? <input type="checkbox"/> Yes <input type="checkbox"/> No	Women? <input type="checkbox"/> Yes <input type="checkbox"/> No	Kids? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Babies, Preschool, Young Children Teenagers?
Strangers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Thunderstorms? <input type="checkbox"/> Yes <input type="checkbox"/> No	Grooming? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Other Dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain: (Some Dogs?)	Cats? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Other Animals? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:			
Other Likes Not Mentioned:			

Recommendation

What Type of Home Do You Feel This Sheltie Would Best Be Placed In:						Male or Female:		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adults Only	Single Adult	Family	No Other Dogs/Animals	Apartment	House	Male Only	Female Only	Either
Kids Suggested Age Range:								

Please include a photo of the sheltie you are surrendering. It can be emailed to info@njsheltierescue.org

STATEMENT

Shetland Sheepdog Placement Services of New Jersey, Inc. (SSPSNJ) is a non-profit 501(c)3 organization finding permanent homes for loss of home, divorce, moving, death, allergies or abandoned shelties regardless of age or medical condition. It is neither an Animal Shelter nor a disposal service for unadoptable shelties.

In order to have this sheltie evaluated by a representative of the Shetland Sheepdog Placement Services of NJ, Inc., the following information must be provided:

- Proof of current Rabies inoculation.
- Complete, sign and date this "Owner Relinquish Form" including your authorization for the release of vet records and medical information pertaining to this Dog.
- Please provide registration paperwork, pedigree, etc. received when you purchased the Dog that would help us determine age, etc.
- Shetland Sheepdog Placement Services of New Jersey, Inc. has the right to refuse placing this sheltie if within 72 hours from midnight of the date below, this animal should be evaluated as UNADOPTABLE, or, if any answer on this "Owner Relinquish Form" is determined to be false. By submitting this form, the owner agrees to take back their Dog, and agrees to assume the cost of any and all medical/veterinary bills incurred by SSPSNJ on behalf of this Dog.

Owner Signature _____ Date _____

Owner Print Name _____

SSPSNJ Representative Signature _____ Date _____

SSPSNJ Representative Print Name _____

I, (owner sign here) _____ authorize the release and transfer of all vet records and medical information pertaining to this Dog to a representative of Shetland Sheepdog Placement Services of New Jersey.

Due to the owner being incapacitated or deceased, I (owner representative) _____ have permission from owner to have veterinarian release all medical information on _____ to an SSPSNJ representative.