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## OWNER RELINQUISH AGREEMENT

**DOG NAME:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Altered (please circle one)?** Yes/No

**DOB/Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Microchipped: Y/N** If yes, brand and number: \_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_

**Reason(s) You Are Giving Up Dog:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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### BEHAVIOR INFORMATION

House trained: Y/N

Crate trained: Y/N

Leash trained: Y/N

Barker: Y/N

Digs: Y/N

Jumps fence: Y/N

Escapes house: Y/N

Chews: Y/N

OK with dogs: Y/N

OK with cats: Y/N

OK with children: Y/N

Obedience trained: Y/N

Tricks: Y/N

Rides well in car: Y/N

Allowed on furniture: Y/N

Words dog knows: \_\_\_\_\_

Where does dog sleep? \_\_\_\_\_

Brand and type of dog food: \_\_\_\_\_ Fed: AM/PM/Both

Favorite Treats or Toys: \_\_\_\_\_

HAS YOUR DOG EVER ATTACKED ANOTHER ANIMAL: Y/N

HAS YOUR DOG EVER BITTEN, OR ATTEMPTED TO BITE A PERSON: Y/N

If Yes, please give all details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* \* \* \* \*

### MEDICAL HISTORY

Veterinarian name and phone number: \_\_\_\_\_

\_\_\_\_\_

May we contact your vet regarding this dog: Y/N

Date of Last Vet Visit: \_\_\_\_\_

Shots up to date: Rabies: Y/N DHLPP: Y/N Bordatella: Y/N

On heartworm medication: Y/N If yes, date of last dose: \_\_\_\_\_

On flea preventative: Y/N If yes, date of last dose: \_\_\_\_\_

Other medications dog is currently taking: \_\_\_\_\_

Health problems: \_\_\_\_\_

\* \* \* \* \*

Please read, sign and date the following:

I, \_\_\_\_\_, certify that I am the sole and legal owner of the dog named above, free and clear of all other interests. I hereby voluntarily surrender said dog to Boston Buddies, Inc. and turn over full ownership and responsibility of this dog to Boston Buddies, Inc. as of this date. I understand that with

this instrument this dog becomes the property of Boston Buddies, Inc. and that they will make the dog available for adoption and place this dog in an adoptive home. I have already or will in a timely manner provide to Boston Buddies, Inc. copies of all available medical and other records for this dog. The information I have provided above about this dog is true and complete and I have not willfully concealed information about this dog. I hereby forever release, discharge and agree to hold harmless and indemnify Boston Buddies, Inc., and its Board of Directors, members, officers, and agents from all claims, demands, actions, causes of action, or liability of any kind whatsoever arising either directly or indirectly as a result of incomplete or incorrect information provided by me about this dog.

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SIGNATURE OF RELINQUISHING OWNER

Date: \_\_\_\_\_

I also agree that my name and phone number may be released to the new owner of this dog and that the new owner may contact me if he wishes, to gain any further information on this dog.

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SIGNATURE OF RELINQUISHING OWNER

Date: \_\_\_\_\_

It is understood that Boston Buddies, Inc. does not pay for dogs being relinquished to us, nor do we charge a fee or require a monetary donation for taking a dog into our rescue. While this service is free, a donation to help pay for expenses is appreciated, although **not required.**