

Mo-Kan Border Collie Rescue

Ownership Release Agreement

I, _____, hereby donate to Mo-Kan Border Collie Rescue the Border Collie known as _____. Age _____.

I hereby turn over full ownership and responsibility as of this date: _____, 20_____.

I understand that with this instrument the dog becomes the property of Mo-Kan Border Collie Rescue. A relinquishment fee of \$25.00 plus necessary medical fees if the dog is not spayed/neutered or up to date on vaccinations and heartworm preventative.

Witness

Witness

Signature of Owner

Address:

Telephone:

PLEASE FILL OUT THE FOLLOWING SECTION
(Yes or No where applicable)

Does the Dog Like:

Other dogs _____, Cats _____, Children _____, Walks _____, Riding in the
Car _____, Strangers _____, Water _____, Play _____, Other _____

Has the Dog Been:

Tied _____, Chained _____, Loose _____, Beaten _____, Housedog _____,
Kenneled _____, Doghouse _____, Loose in Yard _____, Yard at all times _____,
Yard part-time _____, Other _____

Habits:

Housebroken _____, Howling _____, Runs _____, Barking _____, Finicky
eater _____, Signals to go out _____, What
signal? _____

Used to collar and leash _____, Walks nicely on leash _____, Digging _____, Escape
artist _____, Gets out to follow children _____, Jumps on people _____, Jumps
fences _____, Chewing _____, Destructive _____, Vindictive _____, Gulps
food _____

Tricks _____

Training _____

Titles _____

Other _____

Temperament:

Friendly _____, Enthusiastic _____, Outgoing _____, Suspicious _____,
Cautious _____, Anxious to please _____, Happy-go-lucky _____,
Aggressive _____, Shy _____, Protective _____, Very trainable/obedient _____,
Hyper _____, Untrainable _____, Calm _____, Adaptable _____,
Reserved _____, Stubborn _____, Lethargic _____, Inflexible _____

Can you add anything to describe the dog's general temperament?

Has the dog ever bitten a person? Yes _____ No _____

Explain:

Action taken:

Physical Appearance:

Color _____ Weight _____ Height at withers _____

Medical History (skip if medical records are available):

Veterinarian _____

Address _____

Phone _____

Spayed or Neutered: _____ Date: _____

Rabies Vaccination: _____ Date: _____ Expires: _____

Other shots and dates: _____

Allergies: _____

Medicine _____

Deworming: _____ Date _____

Please answer the following even if med records are available:

Is this dog on heartworm preventative _____

If so, what brand and dose? _____

Registration papers? _____

Association and number _____

Food and Medication:

Type of food _____ Number of feedings per day _____

Amount _____

Type of medication _____ Dose _____

Reason for giving dog up:

Items received with Border Collie:

Donation _____ Amount _____ Leash _____ Collar _____ Toys _____
Blanket _____ Crate _____ Food _____

(For use by Rescue)

Volunteer's Name _____ Phone _____

Dog Taken To _____ Phone _____

Address _____

Date _____ Rescue Number _____ Date adopted _____

Papers? _____

New owner _____

Address _____

Phone _____