



BELGIAN TERVUREN RESCUE, INC.

Release Form

Please print. Feel free to write additional information on the back of this form.

REASON FOR GIVING UP THIS DOG: _____

DESCRIPTION

Call Name _____ Registered Name _____

AKC No. _____ Age _____ Date of Birth _____ Sex _____ Tattoo/Microchip _____

Breeder's name _____ Address _____

HEALTH

Veterinarian _____ Phone (_____) _____

Address _____ City _____ State _____

Date of last vaccination: Rabies _____ Distemper _____ Parvo _____ Is dog: Dysplastic _____ Epileptic _____

On Heartworm medication _____ When last given? _____ What heartworm medication was used? _____

On flea/tick preventative _____ When last used? _____ What flea/tick preventative used? _____

Allergies? _____ If yes, to what? _____

Any other medical problems: _____

If medications are required please include reason needed, name and strength of medication, when and how often given and how long the dog has been on the medication, veterinarian if not prescribed by the veterinarian listed above (including name address and phone number): _____

Was this dog ever bred? _____ If yes, how many times? _____ Is this dog spayed/neutered? _____ When? _____

What dog food are you feeding? _____ How many feedings per day and how much? _____

TEMPERAMENT

To people: Shy Friendly Aggressive Unpredictable

Gets along well with: Children under age 5 Children over age 5

To dogs: Shy Friendly Aggressive Unpredictable

To other domestic animals: Shy Friendly Aggressive Unpredictable Chase cats, other dogs or livestock

Does dog: Jump/climb fences Open gates Dig holes Chase cars Bark excessively

What behaviors does the dog display to indicate stress? _____

Is the dog afraid of anything? If so what? _____

TRAINING

Is dog: Crate trained Leash trained Housebroken What are dog's bathroom signals? _____

What commands does dog respond to? _____

What are dogs' favorite activities and/or toys? _____

CHOOSE AND SIGN UNDER THE CORRECT PARAGRAPH:

I certify that I am the legal owner of _____, the above-described Belgian Tervuren. I hereby transfer ownership of this dog to Belgian Tervuren Rescue, Inc. and do relinquish any and all claim to this dog. Any health and registration records or papers for this dog will be promptly turned over to Belgian Tervuren Rescue, Inc. I agree that this dog may be disposed of at the discretion of the Belgian Tervuren Rescue Inc.

Signature _____ Date: _____

Print name _____

Accepted and witnessed by _____ Date: _____

I certify that I am the finder of _____ the above-described Belgian Tervuren which has been in my possession since (date) _____. The dog was found (location, city, state) _____. I hereby relinquish any and all claim to this dog. I agree that this dog may be disposed of at the discretion of the Belgian Tervuren Rescue Inc.

Signature _____ Date: _____

Print name: _____

Accepted and witnessed by _____ Date: _____

Name: _____ Phone: (____) _____ Email: _____

Address: _____

Send to: Cindy Simonsen

W4163 County Road ES

Elkhorn, WI 53121-3219

Belgian Tervuren Rescue, Inc. a 501 (c) (3) organization and is the official national rescue program of the American Belgian Tervuren Club.