



Indiana Bulldog Rescue
PO Box 366
Brownsburg, IN 46112
www.indianabulldogrescue.com

Surrender Agreement

Owner Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Name of Dog: _____ Age: _____ Sex: _____

Color and Markings: _____

Identification Number/Tattoo of Dog, if any: _____

Where or from whom was this dog obtained? _____

Reason for surrendering dog: _____

List general information the rescue group should know about the dog such as medications needed, allergies, health problems, temperament problems, etc.: _____

Veterinarian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I/We, _____, own the above-described dog or am/are duly authorized to enter into this surrender agreement. I am/We are under no obligations with any other party concerning this dog. I/We agree to give this dog to the Indiana Bulldog Rescue with the understanding that the dog will be placed in a foster home where it will receive physical and medical care and then placed with a permanent adopter when possible. I/We hereby consent to release of information about the medical treatment history of the above-described dog to the Indiana Bulldog Rescue. I am/We are surrendering this dog of my/our own free will and understand that this surrender can in no way be construed as a sale and that I/We will receive no money or any other consideration as a result of surrendering this dog. I/We understand that euthanasia may be deemed necessary due to severe suffering, uncorrectable aggression toward humans or similar circumstances.

My optional donation of \$ _____ to the Indiana Bulldog Rescue is to help with costs incurred for the above-mentioned dog I am hereby surrendering.

To the best of my knowledge, this dog has **not** bitten or scratched anyone in the past 10 days.

Yes _____ No _____

If no, explain. _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Received for Indiana Bulldog Rescue:

Signature: _____ Date: _____