



# American Polish Lowland Sheepdog Club

## Rescue Committee Private Party Surrender Agreement

I (we), the sole owner(s), relinquish to the American Polish Lowland Sheepdog Club representative, a Polish

Lowland Sheepdog known as \_\_\_\_\_  
I (we) hereby deliver signed AKC registration papers (if available). I (we) hereby deliver all information, health records and full ownership and responsibility of this dog. I (we) fully understand that I (we) am/are no longer responsible for this dog and have given up my/our rights to control the dog's future. I (we) understand that the representative of the American Polish Lowland Sheepdog Club's Rescue program will do their best to find this dog a suitable home. I (we) am/are also aware that if a suitable home cannot be found or that if the dog is evaluated as dangerous or is not an adoptable dog it will be humanely euthanized. I (we) understand that euthanasia is the humane act of putting a dog to death by lethal injection.  
Please fill out the following information as completely as possible.

Dog's date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

Is the dog spayed/neutered? \_\_\_\_\_

Vaccination? Medical Records: List dates of last vaccines: \_\_\_\_\_

Is the dog on Heartworm preventative? \_\_\_\_\_

Does the dog have physical problems? \_\_\_\_\_

Reason dog is surrendered:

\_\_\_\_\_

Where did the dog come from? ( ) Breeder (list name/address).

\_\_\_\_\_

( ) Pet Shop ( ) Stray ( ) Other (list): \_\_\_\_\_

If this dog came from a breeder, was the breeder contacted? Y ( ) N ( )

If contacted, what was the response? \_\_\_\_\_

How old was the dog when you obtained it? \_\_\_\_\_ Did the dog have previous owners? Y ( ) N ( )

If so, list names and addresses, if known. \_\_\_\_\_

Yes ( ) No ( ) Is this dog an excessive barker? Yes ( ) No ( ) Is this dog good with children?

Yes ( ) No ( ) Is this dog housebroken? Yes ( ) No ( ) Is this dog in good health?

Yes ( ) No ( ) Can this dog be left alone? Yes ( ) No ( ) Is this dog good with babies?

Yes ( ) No ( ) Does this dog chew excessively/ Inappropriately? Yes ( ) No ( ) Is this dog good with strangers?

Signed this \_\_\_\_\_ Day of \_\_\_\_\_ (month) \_\_\_\_\_ (year)

In the presence of \_\_\_\_\_ Phone: \_\_\_\_\_

Representative of the American Polish Lowland Sheepdog Club

Signature (s) \_\_\_\_\_ Date \_\_\_\_\_

Adopter's name(s) \_\_\_\_\_

Address City State ZIP \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_