

Release Form

Your tax-deductible donation of \$ is used 100% for the welfare and veterinary care of the animals while they are with us. Donations are the only form of income we have . Please give generously for the dogs who will live the rest of their lives with us in their sanctuary.
Today's Date:
Releasing Owner's Name:
Address:
City: State: CA Zip:
Tel: (Home) () - (Bus) () - , Ext.: (Cell) ()
I unconditionally release the animal described below to BEAGLES AND BUDDIES and certify that the information provided herein is true to the best of my knowledge:
Dog's Full Name: Nickname:
Breed: Sex: _ M _ F Color:
Spayed or Neutered?
Please provide accurate dates for the latest vaccinations:
DHLP-P: Bordatella:
Rabies: Other:
Do you have the receipts for the vaccinations?
Other important things that we should know that will help us place him/her in the most suitable home:
Reason(s) for releasing dog:
I certify that I am the owner of the animal described herein. I understand that there are no written or verbal guarantees given or implied regarding the placement of this animal other than BEAGLES AND BUDDIES best efforts to find a good home for the pet. I promise to provide vaccination records as indicated above as well as any other pertinent medical information. To the best of my knowledge, the above-described animal has not bitten anyone during the last ten (10) days.
To the best of my knowledge, the above-described animal has not bitten anyone during the last ten (10) days.
I (check one) DO / DO NOT authorize new adoptive parents to contact me concerning the above-described animal.
Signature: Date:

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