

STEVE WELCH'S Canine Rehab. Inc.

DOG REHAB / Rescue

24331 Muirlands Blvd. Ste.D4-402 Lake Forest, CA 92630

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Web Site: www.SWK9REHAB.org

Members of Steve Welch'S CANINE REHAB.ORG, Inc.

RELEASE FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Dogs Name: _____ Age: _____ Birth date (if known) _____

E-mail _____

Breeder (if known) _____ Papers: (Circle One) Yes

No

Shots Given? _____ Dates: _____

Any Bad Habits (Fence Jumping, barking, biting, jumping) _____

Like or dislike Cats and/or other animals? _____

Housebroken? _____ What signal when it wants to go out? _____

Ever been used for breeding? _____ Spay or Neutered? _____ When? _____

Special Things Dog Enjoys: _____

Likes Children? _____ Likes Adults? _____ Prefers: (Circle One) Men
Women Either

Has dog been checked for hip dysplasia? _____ If yes results: _____

Reason for giving dog up? _____

I am the owner/finder of the Dog described herein and I agree to give this dog to STEVE WELCH'S Caninie Rehab.Org California to place in a suitable home. I hereby relinquish any and all claim to the above described DOG/DOGS. It is my understanding that the Steve Welch's Canine Rehab. Inc. will do what is best for this dog. With this instrument the dog becomes the property of Steve Welch's Canine Rehab..

SIGNATURE _____

Date: _____

Donation\$ _____

Remarks: (Feeding Schedule, Amount, etc.)

Medication:
