

## Owner Relinquishment Application

If you have exhausted all other possibilities and have carefully thought through surrendering your dog, please complete this application to be considered. We will review your application and will contact you if we have a foster available to take in your dog. Please be prepared to provide all current vet records regarding your dog.

Please send a photo of your dog to [info@lovebugsrescue.org](mailto:info@lovebugsrescue.org) and reference the dogs name and your last name from your application.

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Spouse: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about Lovebugs Rescue \_\_\_\_\_

When do you need to re-home your pet by \_\_\_\_\_

Do you live in a  House  Condo  Apartment  Mobile Home  Other \_\_\_\_\_

Do you own or rent  Rent  Own

Do you have a backyard or patio  Yes  No

Do you have a dog door  Yes  No

## Dog Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Type/Breed: \_\_\_\_\_

Sex:  Male  Female Weight: \_\_\_\_\_ Spayed/Neutered:  Yes  No

Current on vaccines: Rabies:  Yes  No DHP:  Yes  No

Microchip make and number: \_\_\_\_\_

Please provide Vet contact for dog: \_\_\_\_\_

Where did you get your dog (pet store, rescue, etc) If from a rescue, which one \_\_\_\_\_

Was your dog adopted by Lovebugs Rescue  Yes  No If so, what was the dog's name when it was with our rescue \_\_\_\_\_

Why are you relinquishing your dog \_\_\_\_\_

What brand of food is your dog currently eating \_\_\_\_\_

What is your dogs current feeding schedule: Amount \_\_\_\_\_ When \_\_\_\_\_

## Dog Personality:

Is your dog comfortable being in a crate  Yes  No

Where does your dog sleep \_\_\_\_\_

Does your dog have access to the yard when you are gone  Yes  No

Does your dog know how to walk on leash  Yes  No

Is your dog potty trained  Yes  No

Does your dog have separation anxiety  Yes  No

Is your dog food motivated  Yes  No

Is your dog friendly with new dogs  Yes  No

How does your dog react when it's approached by a new dog on a walk while on leash \_\_\_\_\_

How does your dog react when it's around toddlers or children \_\_\_\_\_

How does your dog react to new adult people \_\_\_\_\_

Does your dog have a bite history  Yes  No If yes, please explain: \_\_\_\_\_

Does your dog have any resource guarding  Yes  No If yes, please explain: \_\_\_\_\_

Has your dog undergone any surgery in it's lifetime If so, please describe: \_\_\_\_\_

Is your dog currently on any medication or have any existing medical conditions we need to be aware of \_\_\_\_\_

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## DISCLAIMER PLEASE READ BEFORE SIGNING:

I am the owner of the above mentioned dog or have authorization to relinquish this dog.

I understand that Lovebugs Rescue is a non-profit organization and will handle any needs the dog has moving forward such as basic care, medical if they agree to take into their rescue.

Lovebugs Rescue is solely responsible for finding a suitable home for the dog and may collecting an adoption fee payable to Lovebugs Rescue for such placement if they agree to take into their rescue.

I may request to be notified when the dog is placed, however I will not be privy to any information regarding the dogs new owner if they agree to take into their rescue.

To the best of my knowledge, I have provided additional information on this dog, see attached.

Name: \_\_\_\_\_

Signature of owner or authorized person: \_\_\_\_\_

Date: \_\_\_\_\_