



Greater Chicago Cavalier Rescue

OWNER RELEASE AGREEMENT

I hereby release to the GCCR the following dog for foster care placement, permanent re-homing placement, and/or euthanasia if deemed necessary. Further, I authorize release of all medical records for the dog described below.

Owner's name (please print): _____

Address: _____

City/State/Zip code: _____

Telephones: Home _____ Cell _____

E-mail: _____

Dog's call name: _____

Color: Blenheim Tri Black/Tan Ruby

Sex: Male Female Altered: Yes No

Age or DOB if known: _____

If the dog is registered, registered name:

Registry: AKC CKCSC, USA UKC FIC Unknown

Registry #: _____

Registration certificate provided: Yes No

Micro chip: Yes No Number: _____

Tattoo: Yes No Number: _____

Reason you are giving up this dog: _____

I certify that the above described dog has never bitten any person, or shown aggressive tendencies towards people or other dogs. If not true, describe the specific incident(s).

It is understood that the GCCR does not buy or pay for dogs. This is a service to help place Cavalier King Charles Spaniels in new homes when their present owners can no longer keep them.

Please read, sign and date the following:

I, _____, hereby transfer complete ownership of the Cavalier King Charles Spaniel, named _____, to the GCCR. I am giving this dog to the GCCR knowing that it intends to provide this dog any medical care deemed appropriate by the GCCR and to place this dog in a foster and/or adoptive home. I certify that I am the sole, rightful owner of this dog, free and clear of all other interests. I certify that all the information I have given above, is true and complete, and I have not willfully concealed any information about this dog. I hereby forever release, discharge and agree to hold harmless and indemnify the GCCR, its directors, members, officers and agents from all claims, demands, actions, causes of action, or liability of any kind whatsoever arising as a result of or in connection with the adoption or other disposition of the above named dog.

I __agree __do not agree to allow my name, phone number, and e-mail address to be given to the new owner of this dog, so that the new owner may contact me if he wishes to gain any further information on this dog.

Signature of owner: _____ Date: _____

Signature of co-owner: _____ Date: _____

Signature of co-owner: _____ Date: _____

Witness: _____ Date: _____

Medical Information

Name of Veterinarian: _____

Name of Animal Hospital: _____

City/Town: _____ State: _____ Zip: _____

On Heartworm Preventative: __YES __NO Date of Last Dose: _____

Current Rabies Vaccine: __YES __NO Date of Last

Rabies: _____

Current DHLPP Vaccine: __YES __NO Date of Last DHLPP: _____

Current Bordetella Vaccine: __YES __NO Date of Last Bordetella: _____