

# Leonberger Rescue Inc.

## Transfer and Release of Leonberger Dog by Owner

Toll Free: 1-866-443-4542

<http://leonberger-rescue.org>

14 Dec 2009

The Undersigned hereby assigns and transfers to the Leonberger Rescue Inc, all right, title, and interest in the Leonberger Dog described below (“The Leonberger”).

The Undersigned warrants to Leonberger Rescue Inc. that the Undersigned is the sole owner of The Leonberger, that there is no co-owner of The Leonberger, that the undersigned has absolute right to transfer The Leonberger to Leonberger Rescue Inc. and that there are no claims against The Leonberger.

Further, the Undersigned acknowledges that they are signing and relinquishing The Leonberger of their own free will and are not under duress of any kind, acknowledges the surrendering of legal ownership and any and all future claims to The Leonberger. The Undersigned agrees to hold Leonberger Rescue Inc., its Representatives, Board Members, and Volunteers, harmless by, from, and against any and all claims, suits, damages, liabilities, and costs (including reasonable attorney fees) related to or in any manner connected with The Leonberger.

The Undersigned further agrees to provide Leonberger Rescue Inc. with any and all documents pertaining to The Leonberger upon request and consents to release to Leonberger Rescue Inc. and its Representatives any and all veterinary records regarding The Leonberger.

The Undersigned legal owner/agent/guardian of The Leonberger understands and accepts Leonberger Rescue Inc. as the new owner of The Leonberger.

Leonberger Rescue Inc. reserves the right to surgically sterilize The Leonberger and to employ a licensed veterinarian to perform any other medical or surgical care deemed appropriate by the Representative. In case of aggression or extensive medical or surgical problems (as determined by the Representative in conjunction with veterinary consultation) Leonberger Rescue Inc. reserves the right to euthanize The Leonberger if deemed appropriate.

The Undersigned acknowledges that they have read The Transfer and Release of Leonberger Dog by Owner document, understands the terms, and have executed this document of their own free will and without duress.



because every Leonberger deserves a forever home



The Undersigned (signature) \_\_\_\_\_

The Undersigned (please print) \_\_\_\_\_

Witness (signature) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

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### The Leonberger

Dog's name: \_\_\_\_\_

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

Breeder: \_\_\_\_\_

LCA#: \_\_\_\_\_ FSS#: \_\_\_\_\_ CKC#: \_\_\_\_\_ Other: \_\_\_\_\_

How long have you had this Leonberger? \_\_\_\_\_

#### Appearance

Weight: \_\_\_\_\_ Tattoo# \_\_\_\_\_ Microchip # \_\_\_\_\_

If micro chipped, has the microchip been registered and with whom?

\_\_\_\_\_

### Medical History

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

Vet Address: \_\_\_\_\_

Vet Phone #: \_\_\_\_\_ Last vet visit \_\_\_\_\_

Male: Neutered? \_\_\_\_\_ Date: \_\_\_\_\_ Female: Spayed? \_\_\_\_\_ Date: \_\_\_\_\_

Vaccination Records: Heartworm test current? Yes \_\_\_\_\_ No \_\_\_\_\_

Identify heartworm preventative used: \_\_\_\_\_

Rabies : \_\_\_\_\_ DHLPP/AC : \_\_\_\_\_ Bordatella : \_\_\_\_\_

Other (Lyme, etc.) : \_\_\_\_\_

Treated for: Ear infections? \_\_\_\_\_ Fleas? \_\_\_\_\_ Allergies? \_\_\_\_\_ Hot spots? \_\_\_\_\_

Seizures? \_\_\_\_\_ Epilepsy? \_\_\_\_\_ vWB? \_\_\_\_\_ Thyroid? \_\_\_\_\_ Hip dysplasia? \_\_\_\_\_

Cardiac problems? \_\_\_\_\_ Arthritis? \_\_\_\_\_ Eye problems? \_\_\_\_\_

If yes to any of the above, please explain; \_\_\_\_\_

\_\_\_\_\_

### Obedience Training

None \_\_\_\_\_ Basic \_\_\_\_\_ Advanced \_\_\_\_\_

Other Training (Agility, Therapy Dog, etc.): \_\_\_\_\_

Familiar commands: \_\_\_\_\_

**House Habits**

Age and sex of children at home: \_\_\_\_\_

Is this dog housebroken? \_\_\_\_\_ Is this dog allowed on the furniture? \_\_\_\_\_

Is this dog crate-trained? \_\_\_\_\_ Where does the dog sleep at night? \_\_\_\_\_

Does this dog like cats? \_\_\_\_\_ Other animals? \_\_\_\_\_

Has this dog jumped a fence? \_\_\_\_\_ If so, how high was the fence? \_\_\_\_\_

**Eating Habits**

Food brand: \_\_\_\_\_ How often fed? \_\_\_\_\_ How much fed? \_\_\_\_\_

**Temperament**

Has this dog ever bitten/attacked a person? \_\_\_\_\_

Bitten/attacked another animal? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

**Leisure Time Play**

Favorite toys? \_\_\_\_\_ Does the dog like to swim? \_\_\_\_\_

Like car rides? \_\_\_\_\_ Like being combed/brushed? \_\_\_\_\_

Other likes: \_\_\_\_\_

Is there something the dog doesn't like? \_\_\_\_\_

The Undersigned warrants that the information above is true and accurate, and that there is no additional information, which might be regarded, as important to the placement of The Leonberger.

Undersigned signature: \_\_\_\_\_ Date \_\_\_\_\_

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

Please complete this form in its entirety and mail, with complete medical records (a copy of which you can obtain from The Leonberger's veterinarian) and any other documents pertaining to the Leonberger, to the Regional Representative of Leonberger Rescue, Inc. who is in charge of the rehoming of this Leonberger.