



P.O Box 51554, Pacific Grove, CA 93950
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Transfer of Dog Guardianship

Turn in date: _____ Received by: _____ Fee: _____

Information provided by:

Name _____ Home Phone _____

Address _____

City

State

Zip

Email Address _____

Reason for turn in _____

Are you the legal owner of the dog? ☐ Yes ☐ No If not, what is the name of the legal owner of the dog and your relationship to him or her? _____

Do you have authority to surrender this dog? Explain _____

I hereby waive all current and future rights and interests in below described animal(s) and turn over control to Peace of Mind Dog Rescue. I understand that the future placement of said dog(s) is strictly confidential. I have read and understand this agreement.

Signed _____ Date _____

Description:

Approximate age: _____

Sex: ☐ Male ☐ Female

Breed(s): _____

Size: _____

Dog's Name: _____

Altered? ☐ Yes ☐ No

Description (fur length/type coat/colors/ears/tail): _____

Personality:

Compatibility w/ Dogs: ☐ Good ☐ Fair ☐ Poor ☐ Unknown ☐ Depends on: _____

Compatibility w/ Cats: ☐ Good ☐ Fair ☐ Poor ☐ Unknown ☐ Depends on: _____

Compatibility w/ Children: ☐ Good ☐ Fair ☐ Poor ☐ Unknown ☐ Depends on: _____

Has the animal shown aggressive tendencies? Please explain _____

Has this dog bitten anyone? Please explain _____

Health Information:

Diet: _____ Allergies: _____

Past Injuries or Illnesses: _____

Medications needed: _____

Flea Prevention last given: _____

Vaccinations: _____ DHLPP(C) _____ Rabies _____ Bordatella

Veterinarian: _____ Phone Number: _____

Microchip # and company name _____ Anything else you would like us to know about this dog: _____