

Hooves & Paws Rescue, Inc.
“A Place To Heal”
27821 US Hwy 34
Glenwood, Iowa 51534
712-527-3721
712-527-9212 Alternate Phone
www.hoovespaws.org

Large Breed Dog Placement Agreement

Date - _____

Name of Dog - _____

Breed - _____

Male or Female (Circle One)

Spayed or Neutered (Check One) _____ Yes _____ No

Color(s) - _____

Injuries Past or Present - _____

Medical Information

Name of Veterinarian - _____

Address - _____

City, State, Zip - _____

Phone, if known - _____

Is the dog on Heartworm Preventative (Circle One) _____ Yes _____ No

Current Rabies Vaccine (Circle One) _____ Yes _____ No

Current DHLPP (Circle One) _____ Yes _____ No

Current Bordetella (Circle One) _____ Yes _____ No

Release Of Ownership (Please Read Carefully)

I agree and understand all of the following:

I am giving up all rights of possession and ownership of this dog and that I will not be able to redeem said dog at any time and I will not be allowed to know the dog's whereabouts.

The said dog is now the “sole property” of Hooves & Paws Rescue, Inc.

I swear that all of the above stated information that I am giving is accurate and that Hooves & Paws Rescue, Inc. will not be held liable or chargeable for any false information or any misrepresentations that I may have submitted on this form.

I agree the Hooves & Paws Rescue, Inc. will evaluate the said dog to determine if he/she is “adoptable”.

Hooves & Paws Rescue, Inc. cannot guarantee placement.

I also sign this agreement honestly and state truthfully that this said dog has never bitten any human being.

Surrendering Owner Information

Print your name (Previous owner) - _____

Signature of previous owner - _____

Address - _____

City, State, Zip - _____

Phone Number with area code - _____ - _____ - _____

Driver’s License Number - _____ Issuing State - _____