

## **Coastal Boxer Rescue of Florida**

P.O. Box 121381· W. Melbourne Fl. 32912-1381· <u>info@coastalboxers.org</u>· (866) 281-8209

## **Canine Release Form**

I,	, owner of the dog describ	bed below, hereby release
	e of Florida, Inc. (CBR):	
	oring, breed)	
To: CBR Represen	tative:	
The above The above The microchip comp I am surrer	tatements below: er possessed the AKC papers on this dog is registered and I am surrenderi dog is tattooed and/or micro-chipped chip number is	ng the papers.  I.  and is registered with
Your Name Last	Fi	irst
Address		
City	State	Zip
Phone Number	Email Address	
Dog's Name	Dog's Gender	Neutered/Spayed?
Date Whelped	Age AKC # (if regi	stered)
Tattoo	Veterinarian	
Vet Phone	Vet Address	

## **AGREEMENT**

I declare that I am the owner of the animal described above, and that I have the authority to transfer ownership of this animal to Coastal Boxer Rescue of Florida, Inc. Further, I declare that all of the information stated on this form is correct and is complete to the best of my knowledge. I understand that falsification or omission of information regarding the above-described animal may result in my being held liable for future actions of the animal, for future medical expenses of the animal or for legal expenses involved in any dispute of my right to surrender this animal to Coastal Boxer Rescue of Florida, Inc. I understand that I am surrendering all ownership rights to the animal described above. I further understand that Coastal Boxer Rescue of Florida, Inc. is under no obligation to inform me of the disposition of the animal. I am advised that if this animal is found to have such an unpredictable temperament, or serious behavioral problems as to be unsuitable for any placement, or if, in the opinion of a veterinarian, the animal's quality of life is substantially impaired by a chronic, irreversible, or painful condition, euthanasia may be considered a final alternative to adoptive placement. I understand that if I wish to reverse the effect of this surrender and the dog is still available for adoption, I must go through the normal adoption procedure for Coastal Boxer Rescue of Florida, Inc. including applicant approval and the payment of the normal adoption fees.

It is SIGNED AND AGREED that I give custody of this dog to Coastal Boxer Rescue of Florida, Inc. and I hereby relinquish all control and claim to this dog. By my signature, I certify that I'm at least 21 years old.

Owners Signature	Date	
Witnessed	Date	

Also please complete the Release Information Form.

## SEND COMPLETED FORM TO:

Coastal Boxer Rescue of Florida Attn: Melissa Mierzwa 3311 Tarragon St Cocoa, FL 32926