



DELAWARE VALLEY PUG RESCUE

RELINQUISHMENT FORM

WE ARE SORRY FOR YOUR DIFFICULT DECISION

We want you to know that if you have to relinquish your pug, he or she will be going to a safe and happy home. All of our fosters and prospective adoptees are thoroughly screened. We require vet references, two personal references, and a home visit from one of our volunteers for every potential adopter to ensure that your pug is being placed in a safe environment. If you have any additional concerns, please either give us a call or send us an email. We may also be able to help you resolve the issues with your pug so that you can keep your family together. When you are ready, please fill out this form.

YOUR INFORMATION

Your Name: _____

Phone (C): ____ - ____ - ____ Phone (H): ____ - ____ - ____ Phone (W): ____ - ____ - ____

Email Address: _____

Home Address: _____ City: _____ State: _____ Zip: _____

PUG INFORMATION

Pug's Name: _____

Color: _____ Age/DOB: ____/____/____ Gender: Male Female

How long have you owned this pug?: _____

Type of dog food? _____ Serving amount? _____ Feeding time(s)? _____

Housebroken? Yes No

Crate trained? Yes No

Paper trained? Yes No

Good with children? Yes No Not sure

Good with cats? Yes No Not sure

Good with other dogs? Yes No Not sure

Shown any aggression? Yes No

If yes, please explain: _____

Reason for relinquishment?: _____



DELAWARE VALLEY PUG RESCUE RELINQUISHMENT FORM

VETERINARY INFORMATION

Please supply your pug's veterinarian's contact information:

Name of Practice: _____

Veterinarian's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: ____ - ____ - _____

Have you kept your current pet(s) up-to-date with all vaccinations? Yes No

If no, please explain: _____

Date of last rabies vaccination: ____ / ____ / ____

Date of last DHLPP vaccination: ____ / ____ / ____

Other treatments, current medications, or other health concerns?: _____

IS THERE ANYTHING ELSE YOU THINK WE SHOULD KNOW?

IMPORTANT INFORMATION

PLEASE READ CAREFULLY AND INITIAL WHERE INDICATED

I certify that I am the legal owner of this pug and I give up all legal rights and interest in the animal listed above. I understand it is the policy of the Delaware Valley Pug Rescue not to disclose any information that may identify the pug's new owner(s) or its previous owner(s).

_____ Initial(s)

SIGNATURE _____ **PRINTED NAME** _____ **DATE** _____

YOU CAN SEND US YOUR COMPLETED FORM BY:

EMAIL
info@dvpr.org

MAIL
PO Box 861
Avondale, PA 19311

FAX
(610) 268 - 5573