



Pet Owner Relinquish Form

By completing this Pet Owner Relinquish Form, you do hereby assert that you are the legal owner, and agree to relinquish any and all interest in the pet listed below. Once this form is completed and you have left said pet in the care of a Clancy's Dream Inc. volunteer, you no longer have control over the care of this pet. You also have no recourse for reclaiming this pet at a later date.

Initial here: _____

Owner's Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell: (____) _____

Name of Dog : _____ MALE: _____ FEMALE: _____

Breed/Mix if known): _____ Color/Markings _____

Age (estimated) : _____ Date of birth if known _____

Spayed/Neutered? _____ Date if known of S/N _____

Reason for Relinquishing: _____

Are you the original owners of the dog: _____ How long have you had him/her? _____

Veterinary History w/ dates if known. **If available, please attach a photocopy of vet/immunization records**

Veterinarian's Name: _____

Address: _____

Phone: _____ Email: _____

Immunization your dog has received: DHLPP _____ Bordatella (Kennel Cough) _____

Rabies _____ Flea/tick prevention _____ Heartworm prevention _____

Canine Flu Shot _____ Leptospirosis _____

Is the dog up to date on all vaccinations? _____

Physical Limitations or Restrictions (sore back, hip, leg, etc.) _____

Describe any current or past Medical Conditions, Allergies, Medications, Injuries or Health-related problems: _____

Has the dog ever bitten anyone? _____ Broken the skin? _____

Please explain: _____

Has the dog ever killed any animals or other pets? _____

Please explain: _____

Brand of pet food: _____ Feeding schedule: _____

Describe how your pet spends most of his/her time: (Outside, inside, alone, with someone, etc.):

Where does your pet sleep? _____

How does he/she get along with other animals? (Dogs, cats, livestock, birds, etc): _____

How does he/she get along with children? (Infants, toddlers, school age): _____

Is your pet frightened of anything? (Thunder, vacuum, fireworks, etc) _____

Is this dog house trained/potty trained: _____

Is your dog used to: Walking on leash _____ Riding in a car _____ Being alone _____ Being Crated _____

Any type of training? _____ Know any tricks? _____

Favorite toys/games _____

Additional Comments:

I certify this information to be accurate to the best of my knowledge. I release ownership of my pet to Clancy's Dream Inc.

Signature of Owner _____ Date _____
Printed Name of Owner/Owners _____

Driver's License Number _____ Date of Birth _____

Signature of Clancy's Dream Inc. Representative _____
Date: _____

To submit this application, you may:

- a. Fill out the application online and when finished click the "Submit" button found at the top of the page.
- b. Alternatively, you can print, scan and email the completed application to foster@clancysdream.org
- c. Complete and mail application to Clancy's Dream, 8092 Heather's Pass, Seymour, IN 47274

Clancy's Dream, Inc. is staffed entirely by unpaid volunteers. If a volunteer does not contact you within one week of submitting this application, please email our Application Coordinator at clancysdream@gmail.com