DOG NAME(s):		STAFF INITIALS:
	1	



PUG NATION RESCUE OF LOS ANGELES OWNED DOG RELINQUISHMENT FORM

(Please print legibly and fill out completely)

Thank you for entrusting us with your Pug. We realize there are man those decisions. We are a dedicated "no kill" rescue and our missio new forever family as soon as possible.	
I,	ent the dog becomes the property of Pug Nation s dog. You are welcome to request updates on this
Owner Name	Name of Vet Clinic:
Address:	Doctor's Name:
City: State: Zip:	Address:
Phone:	
Email:	City State Zip
Signature:	Phone:
	Date of Last Vet Visit:
By signing above, I hereby authorize the veterinarian named herein to release all information about this pet(s) to Pug Nation Rescue.	
Please describe the reason you are relinquishing your Pug(s) today:	

SPAYED OR NEUTERED? Y

Ν

UNKNOWN

AGE OF DOG:

Any health issues of which we should be aware? Y N Comments: PLEASE DESCRIBE ANY MEDICATIONS EITHER PRESCRIBED OR DROPPED OFF WITH YOUR PET AND FOR WHAT AILMENT WERE THEY PRESCRIBED? Is your dog friendly with other dogs? Y N Comments: Has your dog been around cats? Y N How does the dog act with cats? ______ Has your dog been around children? Y N How does the dog act with children? _____ Where has your dog spent most of its time? FREE ROAMING IN HOUSE IN A CRATE IN THE YARD OTHER: Is your dog house trained? Y N Comments: Has your dog ever bitten anyone? Y N Please explain: FLEA MEDICATION USED? _____ DATE OF LAST FLEA DOSE: _____

PLEASE FILL OUT THE FOLLOWING AS COMPLETELY AS POSSIBLE; BY PROVIDING THIS INFORMATION WE

WILL BE BETTER ABLE TO CARE FOR YOUR DOG AND MORE EASILY FIND A HOME:

THANK YOU!