

Surrender Certificate
Atlanta Westie Rescue Committee (AWRC)
Westie Club of the South, Inc., A 501 (c) (3) non-profit Corporation

Please answer all questions as completely as you can. This information will be very valuable to us in the adoption process. Bring this form with you when you surrender the westie.

Date:
Your Name:
Address:
City, State, Zip:
Home Telephone #: Work #:
Email:
Westie's name:
Birth date/age: Weight:
Sex: Male/Female (Circle One) Spayed/Neutered (Circle One)
Reason for surrendering this westie:
<i>MEDICAL INFORMATION</i>
Veterinarian's Name:
Address:
City, State, Zip:
Telephone:
Please attach a copy of vet records, if available.
1. Allergies? Please describe:
2. Diabetic?
3. Addison's/Cushings Disease?
4. Epilepsy?
5. Limping? Front Right/Left Back Right/Left
6. Other diseases and/or disabilities? Please describe:
7. Please list names of any daily medications and the dosages:
8. Date of last Heartworm medication: Brand:
9. Date of last Flea Treatment: Brand:
Has this westie ever bitten or snapped at anyone? Yes/No. If "Yes", what were the circumstances? Please note that we cannot accept a westie into the rescue program that has bitten anyone aggressively.

BEHA VIOR/SOCIALIZA TION

Is the westie good with:

Children 1 – 3 years of age? ___ Yes ___ No ___ Unknown If no, please explain:

Children 3 -7 years of age? ___ Yes ___ No ___ Unknown If no, please explain:

Children 7+ years? ___ Yes ___ No ___ Unknown If no, please explain:

Men? ___ Yes ___ No ___ Unknown If no, please explain:

Women? ___ Yes ___ No ___ Unknown If no, please explain:

Other Dogs? ___ Yes ___ No ___ Unknown If no, please explain:

Cats ? ___ Yes ___ No ___ Unknown If no, please explain:

BEHA VIORAL ISSUES

Does this westie:

Chew inappropriate items? Yes No Unknown

Show submissive urination? Yes No Unknown

Try to dash out of doors? Yes No Unknown

Try to jump a fence? Yes No Unknown

Dig in the yard? Yes No Unknown

Bark excessively? Yes No Unknown

Try to chase cars? Yes No Unknown

Mount dominantly or sexually? Yes No Unknown

Mark territory (males)? Yes No Unknown

Beg at the table? Yes No Unknown

Have any obedience training? Yes No Unknown

Appear timid? Yes No Unknown

Show fear of loud/sudden noises? Yes No Unknown

Mouthy with your hands? Yes No Unknown

Like to be touched/petted? Yes No Unknown

Is the westie:

Crate trained? Yes No Unknown If yes, please donate crate, if possible

House trained? Yes No Unknown

A GGRESSIONE VALUATION:

Have you observed:

Fear Aggression ___ Yes ___ No ___ Unknown If yes, please explain:

<p>Please share any other information about this westie that might be helpful to the staff of AWRC.</p>
<p>Please attach a copy of vet records for at least the past twelve months, if available.</p>
<p>Please attach AKC records, if any.</p>

I hereby surrender this Westie and all of my rights, title, and interest, if any, to the Atlanta Westie Rescue Committee (AWRC), as Service of the Westie Club of the South, Inc. I understand that the AWRC will place this dog in a new home, and this placement will be at the sole discretion of the AWRC.

I certify that I own this dog. If I do not own this dog, I hereby certify that I do not know who owns this dog or that I have notified the owner that I am surrendering this dog and the owner of this dog has consented to the surrender of this dog.

I understand and acknowledge that I am surrendering this dog of my own free will and that this surrender and transfer of interest is final. I further understand and acknowledge that I will receive no money or other consideration as a result of this surrender and that this surrender does not constitute a sale and may not be construed to be a sale. I agree to include any AKC papers and medical records in my possession.

I understand and acknowledge that the placement is a private placement and I agree not to contact the new owners of this dog for any reason. I also understand that the AWRC will not disclose to me any details of the adoption. Should I discover information that concerns this Westie, I will contact a representative of the AWRC.

I understand that if I surrender a Westie to the AWRC that I am not eligible to adopt a dog from the AWRC.

Donation to offset the costs of medical and foster care (optional): \$ _____

Date:	Westie's Name:
Your Name (please print):	
Your Signature: (required)	
AWRC Representative: (please print) _____	
AWRC Signature:	

For Office Use Only:

Foster Caregiver: _____

Adopter Name: _____

Date Placed: