**FWPBC Owner Surrender Agreement**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (“owner”) relinquish all rights to my dog described as:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_ Color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(“animal” hereinafter). Microchip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that by signing this document I relinquish ownership and all rights to this animal. I understand that the Fort Wayne Pit Bull Coalition (“FWPBC”) will decide by means of temperament and medical testing if the dog is eligible for the adoption program. I understand that FWPBC cannot guarantee a new home will be found for this animal.

I understand that FWPBC is a limited access rescue and if the animal has medical issues that cannot be resolved with proper veterinary care, or has highly aggressive issues, FWPBC retains all rights to the animal and will make the decision on the animal’s future. I understand that could involve returning to the original owner, placing in a new home, transferring to a different rescue, or euthanasia.

By initialing here, I request that FWPBC attempt to contact me before euthanizing the animal. I understand and agree that it is my responsibility to provide FWPBC with current and correct information at all times. I understand that I must respond to FWPBC’s contact within 3 (three) calendar days. I understand that if I do not contact FWPBC within 3 (three) calendar days, FWPBC has the authority and right to move forward with euthanasia. **INITIALS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I understand and agree that I will be required to act as a foster for the animal until either an adoptive home or a suitable and available foster home is found for the animal. I understand that FWPBC cannot guarantee a length of time that the animal will be removed from my home. I agree that I have no right to transfer or otherwise rehome the animal after signing this document. I understand and agree that if I adopt or place this animal elsewhere that I shall pay FWPBC $150, the adoption price for the animal. **INITIALS:\_\_\_\_\_\_\_\_\_\_\_\_\_**

I understand that by signing this form I am stating that I understand all the above information and I relinquish any claim to this pet.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name (Owner Surrendering) Printed Name (FWPBC REP)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security Number**