Surrender Form

Surrendering your hound when you can no longer provide a quality life is the greatest act of love imaginable. We understand and we are here to help.

Please complete the following section if you are prepared to surrender your Irish Wolfhound to the IWCC-Rescue Committee.

Contact Information	
Name:	
Mailing Address:	
Email Address:	
Phone Numbers (home/cell/b	usiness):
Name of the Irish Wolfhound:	
Is this dog CKC registered?	Yes No
Are you the registered owner as	nd are you prepared to sign this dog's registration papers over to the
IWCC-Rescue?	Yes No
How long have you owned this	dog? If you are not the original owner, please provide details.
Name of Breeder:	
Dog's Date of Birth:	
Male □ Female □ Spaye	ed Neutered Colour
Approximate Weight:	Approximate Height:

Reason for surrender:
Are there any health issues the IWCC-Rescue should be aware of?
Are there any temperament issues the IWCC should be aware of?
Has this dog ever bitten? Provide details.
Is this dog house trained? Yes

Where is the dog accustomed to sleeping?
Please detail the dog's eating routine, including the type of food, amount of food, feeding times, location (i.e., kitchen, porch, sunroom)
How does this dog react to other dogs?
Has this dog had a special animal friend in the past? Example, another dog it was close to. Please detail.
How is this dog with cats and small dogs? Detail any issues.

How is this dog with children? Detail any issue.
Please supply vaccination record with name and contact information for the vet who has been caring for him/her.
Does this dog have any particular likes or dislikes that IWCC should know about to make its transition into a new home easier? (i.e., nail clipping, brushing, car rides, walks, favorite toys, and favorite times to spend with his/her people.)
Are you interested in keeping the dog with you while IWCC–Rescue works to find a suitable family, or do you wish to make immediate arrangements for its surrender? Yes \(\subseteq \no \subseteq \no \subseteq \)
Please return the appropriate completed section by email to irishwc.secretary@gmail.com or by Post to: IWCC-Rescue 347 Backbush Road Hemmingford, QC, J0L 1H0

RELEASE OF OWNERSHIP

	Personal	Information				
Owner Name		Address				
Home Phone		City				
Work Phone		Postal code				
Cell Phone		Notes:				
Email						
	Animal I	nformation				
Pet Name		Colour				
Breed		Markings				
Date of Birth		Microchip				
Reason for Surrender	r:					
I, declare that I am the rightful owner (s) of the above-described						
animal. I hereby do willingly surrender the above said animal into the care and control of the IWCC Rescue Group, to do what they deem reasonably necessary for the welfare and guardianship of the said animal.						
Group, to do what they de	em reasonably necessary to	or the weltare and gi	uardianship of the said	ı anımat.		
I have read and understar	nd the above declaration and	d do so willingly.				
Signed this	day of	in the year				
In the community of:						
Owner(s) Name, printed:				_		
Owner(s) Name, signature	e:					
IWCC Rescue Rep, printe	d:					
	rure:					