www.AlaskaBeagleRanch.org

This application will gather all the information we need, and a future adopter might need, about your pet. Your honest answers are helpful to the people considering your pet for adoption and help us decide what kind of home would be best for them.

We will also determine if your pet is a good candidate for our adoption program. Please be honest when answering these questions! We will not refuse an animal if we feel that we can help, but we need to ensure we have the finances and ability to give your pet the care he/she needs, and we will not place an animal for adoption that is ill or a danger to the community.

1st Owners Name _____

2nd Owners Name _____

Address _____

City / Town / Village _____

State Alaska Zip Code _____

Email _____

Pets Name _____ Is your pet chipped? Y / N

Age of Pet _____ Sex of Pet M / F Neutered or Spayed Y / N / Unsure

How long have you had this pet? _____

Where was pet adopted / purchased from? _____

Is pet up to date on its shots? Rabies Y / N DAPPv Y / N Bordetella Y / N

Does your pet have any known health issues Y / N

Has your pet been seen by a vet? Y / N If yes, where? _____

Type of food fed? Canned / Dry Brand _____

How often and how much fed? _____

Does your pet have any dislikes? _____

Does your pet get along with people? Y / N Other animals? Y / N

Does your pet get along with children? Y / N Is your pet housebroken? Y / N

Does your pet have any behavior problems? i.e., Biting? Y / N

If yes, what are they? _____

Is your pet kennel trained? Y / N

In signing and submitting this document, I _____

_____

do certify that I am of legal age to give consent and do hereby voluntarily and irrevocably give, donate, surrender and release to Alaska Beagle Rescue (ABR) the animal(s) in question on this form.

I have disclosed any and all material information regarding the medical and behavioral history of said animal(s). I willfully surrender all medical records and information and give ABR. And it's representatives permission to contact the treating veterinarian for any records or information which might be in their possession.

I acknowledge that, once relinquished, ABR has made no promises regarding the surrendered animal(s) beyond the inclusion in its care and adoption program.

I hereby certify that I am the rightful owner/keeper/caretaker of the animal(s) who is/are the subject of this Pet Surrender Application. I release and discharge ABR from any and all claims, obligations, liabilities and causes of action whatsoever arising out of or relating to the claims, obligations, liabilities and causes of action which may be asserted by other parties.

I understand that by surrendering my property rights to the animal, the animal will not be available to be returned once relinquished. I further certify that I have read and understand the terms of this Animal Surrender Application.

Signature _____Today's Date _____

Signature ----------Today's Date:

_____

ABR Representative _____Today's Date_____

2/28/25