



Declaration of Ownership Form

Boxer Dog Rescue Northern England
PO Box 587, Sale. M33 0JL
Registered Charity No. 1153127

Name of Owner:

Address:

Telephone:

Mobile:

E-mail:

Postcode:

Dogs' Name:

Age:

Breed:

Colour:

Gender:

Neutered:

Last Vaccinated:

Microchip:

Likes/Dislikes:

Under the Dangerous Dogs Act we are obliged to ask the following questions

Offering wrong or misleading information is an offence and could result in prosecution.

Has the dog ever bitten?

YES

NO

If answer given is 'YES', please give full details

If the answer given is 'NO' please initial the following statement.

I confirm that to the best of my knowledge the Dog to which this document refers has not bitten anyone.

Signature:

I hereby confirm that I am the legal owner of the above described dog. I agree to release the dog to Boxer Dog Rescue with the understanding that I am relinquishing all present and future claims to said dog. Under no circumstances may I re-claim ownership, or have any rights to this dog once signed over. All of the above information that I have given is correct.

By signing here, I hereby confirm that I have read and completely understand the above release.

Name

Signature

Date

Dog Owner

Witness



PO Box 587

Sale

M33 0J

Registered Charity number: 1153127

Handover Veterinary Records Authorisation

FAO Vet name and address (if known) _____

To the veterinary surgeon of _____ (dog/s name/s)

Description _____ (breed, colour, age)

Relinquishing owner's name: _____

Address: _____

I hereby give permission that any record of the above named dog's medical history in your possession (as recorded by yourselves or any previous veterinary practice relating to said dog) should be released to the adopting owner as designated by BDRNE or to the rescue staff on request, this being in the best interest of the dog(s) named above.

Signed _____

Print name _____

Date _____