

Dog's Name: { }



Hickory Hollow Setter Rescue Network

The services of the Hickory Hollow Setter Rescue Network include the placement of Llewelin and English Setters in new homes when their present owners can no longer keep them. This service is offered free of charge, however a donation to help pay for expenses is always appreciated.

I hereby certify that I am the owner of the Llewelin Setter dog named { }, free and clear of all other interests. I agree to donate the dog to Hickory Hollow Hunting, LLC and to relinquish all ownership rights, veterinary and health records, microchip and registration papers if available, and any additional information concerning the dog. It is my understanding that the Hickory Hollow Setter Rescue Network will do what is best for this dog.

With this instrument the dog becomes the property of Hickory Hollow Hunting, LLC. The information I have provided about this dog is true and complete.

I do / do not (check one) certify that this animal has never shown signs of aggression toward human beings or other animals. (Explain on back)

*** If I fail to disclose any previous aggressive behavior (such as bites or attempts to bite, even if no contact was made), I agree to reimburse Hickory Hollow Hunting, LLC for all costs and liability it may incur because of the dog's subsequent aggressive behavior.***

I am surrendering this dog to Hickory Hollow Hunting, LLC with the understanding that the organization will attempt to find the animal an acceptable new home. Hickory Hollow Setter Rescue Network and its officers will not be held responsible for the actions of the adoptive or foster families and/or the dog. If the Hickory Hollow Setter Rescue Network deems this dog to be unsuitable for adoption due to unacceptable temperament or other reasons, I understand that the Hickory Hollow Setter Rescue Network reserves the right to euthanize the dog. I do / do not (check one) request that should the organization decide to euthanize the dog, every effort be made to contact me to offer the alternative of returning of the dog to me.

| | |
|--|--|
| Owner's Name (print) | |
| Street Address | |
| City, State, Zip | |
| Phone Number(s) | |
| Email address | |
| Owner's Signature | |
| Hickory Hollow Setter Rescue Network Signature | |
| Date | |

This Contract is governed by the Laws of the State of Iowa.

Dog's Name: { }

(Optional release) I agree that my name and phone number may be released to the new owner of this dog and that the new owner may contact me if they wish to gain any further information about this dog.

Signature _____ Date _____

Your dog will have the best chance of being placed in a suitable new home if we have the following information:

| | | | | |
|--|--|---|--|--|
| Dog's Call Name: | | Birth Date: | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Registered Name: | | Registration Papers: | | |
| Is the dog microchipped or tattooed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details: | | | | |
| What brand food does he eat & what time(s) of day does he usually eat: | | | | |
| Where does he normally spend his day: | | | | |
| Where does he sleep: | | | | |
| Is he housetrained? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If partially housetrained, when do the accidents occur? | | |
| Is he crate trained? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is he leash trained? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is he obedience trained? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, what commands does he know? | | |
| How does he interact with other dogs/cats: | | | | |
| How does he interact with children: | | | | |
| How does he interact with strangers: | | | | |
| Is he comfortable with being left alone: | | | | |
| Is he receptive to bathing, brushing, grooming: | | | | |
| What does the dog enjoy the most: | | | | |
| Does the dog have any dislikes or fears? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, list them and explain what his reaction is? | | |
| Does the dog chew things you don't want it to? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Growl or bite when petted or bothered? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Dig holes? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, explain how you react and what you do: | | |
| Shred Toys? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Bark Excessively? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| How does he react to riding in the car: | | | | |
| Has he ever traveled by plane, if so, how did he react: | | | | |
| Has he ever bitten or attempted to bite anyone. If so, please describe in detail. Use the back of the paper if necessary. | | | | |
| Did you get this dog from a breeder, shelter, pet shop, prior owner, other – please give details: | | | | |

Veterinarian Information

| | | | | |
|--|--|---|------|--|
| Vet Name: | | Address: | | |
| City: | | State: | Zip: | |
| Most recent inoculations & dates given: | | | | |
| When was dog last tested for Heartworm: | | | | |
| Is the dog on heartworm preventative? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, which brand, and when is it administered? | | |
| Does the dog have any allergies or react negatively to any medications, flea collars, etc.? | | | | |
| What medication(s) does the dog take? | | | | |
| Why are you surrendering this dog to the Hickory Hollow Setter Rescue Network? | | | | |
| Is there anything else you would like us to know about this dog? | | | | |

Dog's Name: { }

Does the dog have or has it ever had:

| Check Yes or No | Condition | Explanation of "Yes" Answers |
|--|---------------------------|-------------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Allergies | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Arthritis | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Ear infections | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Ear mites | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Hearing problems | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Eye problems or infection | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Cataracts | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Urinary tract infections | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Hip or knee problems | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Heart murmur | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Diabetes | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Epilepsy | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Tumors (where?) | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Incontinence | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Hernia | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Constant itching | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Other Skin Conditions | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Swollen anal glands | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Collapsed trachea | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Diarrhea | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Injuries (with dates) | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Diseases (with dates) | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Surgery (with dates) | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Other medical conditions | |

LEAVING HOME

Leaving your home will be traumatic for your Setter. Because of this, when the time comes for your dog to leave your home, please bring things that will help him/her feel more comfortable during the transition to a new environment. Items you could bring with your Setter include toys, collars, leashes, remaining food, bedding, blankets, crate and anything else that is used by this dog during his daily routine. Registration and microchip papers, all medications and medical files are also requested. Your dog and the new owner will appreciate this.

CLOSING COMMENTS

Please feel free to give any additional information you believe will aid in making this move easier for your dog. The more we know the easier it will be for all parties. Thank you for your cooperation. Add additional comments below if you need more space.

Feel free to contact us if you have any questions regarding this form or the release process.

Send inquiries to setter_rescue@hickoryhollowlewellins.com. Thank you for taking the time to fill out this questionnaire. We know it is lengthy but it is an important part of the adoption process.

Owner Comments: