



**DOBERMAN RESCUE OF NEW MEXICO  
Owner Surrender Form**

Our foster homes are almost always full, with a line of dogs waiting to enter our system. If you must rehome your Doberman and would like us to help, please fill out the form below with the understanding that it will be necessary for you to keep your dog until we are able to find it a new home. This time period may last from two weeks to six months. We will be happy to list your dog on our websites, but we will not be able to remove it from your possession, as we do not have an actual facility to house our Dobermans. *Please send us three GOOD pictures and a bio of your dog for these listings.*

**Please do not wait until the last minute to notify us that you must rehome your dog immediately.**

**Download this form to your PC to complete it.** Email to [jocruzah@yahoo.com](mailto:jocruzah@yahoo.com), or mail to:

Doberman Rescue of New Mexico, Inc.  
P.O. Box 26582  
Albuquerque, NM 87125

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Unit, Apartment, etc. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number where you can be reached \_\_\_\_\_

Email Address \_\_\_\_\_

I have provided/pledged an owner surrender fee of (amount): \_\_\_\_\_

*This cost helps defray the costs of medical tests, sterilization, and/or vaccinations (as required), or other costs associated with the care of this Doberman*

If this fee is not provided on the date of surrender, I will provide this fee by (date): \_\_\_\_\_

How long have you owned this dog? \_\_\_\_\_

Why are you not able to keep this dog? \_\_\_\_\_

What is the name of the dog you are surrendering? \_\_\_\_\_

Is this dog Purebred \_\_\_ Mixed breed \_\_\_

If mixed breed, what other breeds is this dog mixed with? \_\_\_\_\_

Dog's age \_\_\_\_\_

Dog's gender: Male \_\_\_ Female \_\_\_

Spayed/Neutered: Yes \_\_\_ No \_\_\_

*(Please provide a copy of the dog's Spay/Neuter Certificate at the time of surrender)*

What is the color of the dog? \_\_\_\_\_

Does this dog have a microchip? Yes \_\_\_ No \_\_\_ Microchip number \_\_\_\_\_

Date of last vaccination \_\_\_\_\_

Vaccinating Vet's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

What vaccinations does the dog currently have? Check all that apply.

Parvo: Yes \_\_\_ No \_\_\_ Expires (date) \_\_\_\_\_

Distemper: Yes \_\_\_ No \_\_\_ Expires (date) \_\_\_\_\_

Rabies: Yes \_\_\_ No \_\_\_ Expires (date) \_\_\_\_\_

Bordetella (Kennel Cough):

Yes \_\_\_ No \_\_\_ Expires (date) \_\_\_\_\_

*(To avoid endangering the dog's life by over-vaccinations, you must provide a copy of the dog's vaccination records. If you do not have a copy, please contact your vet for a copy.)*

Are the dog's ears cropped? Yes \_\_\_ No \_\_\_ Is the dog's tail docked? Yes \_\_\_ No \_\_\_

This dog likes... Check all that apply.

Children \_\_\_ Other Dogs \_\_\_ Cats \_\_\_ Strangers \_\_\_

Water \_\_\_ Riding in the Car \_\_\_ Playing \_\_\_

Additional information about this dog's likes

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This dog's habits are... Check all that apply

Housebroken \_\_\_ Crate trained \_\_\_ Barking (more than necessary) \_\_\_ Marking \_\_\_

Fence jumping \_\_\_ Digging \_\_\_ Chewing \_\_\_

Additional information about this dog's habits

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Is this dog under any kind of flea/tick treatment? Yes \_\_\_ No \_\_\_

If yes, what brand \_\_\_\_\_ Last applied? \_\_\_\_\_

Has this dog ever given birth to puppies? Yes \_\_\_ No \_\_\_

If yes, how many litters? \_\_\_\_\_

Date of each litter \_\_\_\_\_

How many pups in each litter? \_\_\_\_\_

Does this dog have any allergies Yes \_\_\_ No \_\_\_

If yes, please give details \_\_\_\_\_

Has this dog ever had any surgeries other than Spay/Neuter? Yes \_\_\_ No \_\_\_

If yes, please provide details as to when, why, and where \_\_\_\_\_

Additional information about this dog's medical history:

\_\_\_\_\_  
\_\_\_\_\_

Has this dog ever bitten anyone: Yes \_\_\_ No \_\_\_

If yes, who was bitten? \_\_\_\_\_

When did this happen? \_\_\_\_\_

Why did the dog bite that person?

\_\_\_\_\_  
\_\_\_\_\_

Did that person require medical treatment for the wound? Yes \_\_\_ No \_\_\_

Was the dog quarantined because of this? Yes \_\_\_ No \_\_\_

What brand of food do you feed this dog? \_\_\_\_\_

Type of food? Dry only \_\_\_ Canned only \_\_\_ Mix of dry and canned \_\_\_

How much do you feed? \_\_\_\_\_

When do you feed, per day and time? \_\_\_\_\_

Please provide any other personal habits, fears, and anything else we should know about this dog:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Release of Ownership Statement

I, \_\_\_\_\_, hereby surrender my dog \_\_\_\_\_ to DOBERMAN RESCUE OF NEW MEXICO. I hereby turn over all ownership and responsibility as of this date.

By my signature below I agree to the above statement.

Sign Name \_\_\_\_\_

Date \_\_\_\_\_