



CERTIFICATE OF RELINQUISHMENT

I hereby relinquish and transfer all my right, title and interest, if any, to the Bernese Mountain Dog described below to the Chattahoochee Valley Bernese Mountain Dog Club to handle or place as it deems advisable at its sole discretion.

*The Chattahoochee Valley Bernese Mountain Dog Club asks that you answer all questions below **honestly** and **fully** so that we may handle or place the dog in the absolute best place or situation possible.*

Dog's Registered Name: _____ Dog's Call Name: _____
AKC Number: _____ Other Registration: _____
Birthday/Age: _____ Breeder: _____
Sire: _____ Dam: _____
Sex: _____ Spayed/Neutered: _____
Microchip Number/Registry: _____

Did you adopt this dog from the above-mentioned breeder?: Yes _____ No _____
If no, where did you adopt this dog from and when?:

If the dog is from a pet store, please list the store's name and location: _____
If the dog is from a Rescue organization, please list the Rescue's name and location: _____

Dog's Veterinarian or Clinic: _____
Address: _____
Street City State Zip Telephone Number

Date of last vaccinations: DHLPP: _____ PARVO: _____ RABIES: _____ Heartworm Test: _____

Please List All Medications & Supplements The Dog is currently taking including heartworm, flea, and tick prevention:

Please List Complete Medical History To Date (Lab Work / Surgeries / X-Rays / etc...):

Has this dog ever displayed aggression:
- toward other dogs/pets? Y _____ N _____
- toward people? Y _____ N _____
- with food/possessions? Y _____ N _____

Has This Dog Ever Bitten Anyone? _____ If yes, give circumstances: _____

Is this dog: Housebroken: _____ Good with children: _____ Good with dogs: _____
Good with cats: _____ Good with other animals: _____ Crate Trained: _____

Is this dog kept: Inside or Outside: _____ Fenced yard or Invisible Fence: _____

Brand of Food: _____ Feeding Schedule: _____

Is this dog a healthy eater or is it a picky eater: _____

Does this dog have any dietary restrictions and if so, what: _____

Things That This Dog Enjoys: _____

Favorite Toy: _____

Favorite Treat: _____

Favorite Activity: _____

Where is this dog kept during the day: _____

Where does this dog sleep: _____

Is this dog allowed on furniture: _____

Does this dog like to play? If so, please describe how: _____

What training has this dog had: _____

Anything Else We Should Know: _____

Monetary donations are appreciated and encouraged. The Chattahoochee Valley Bernese Mountain Dog Club relies on donations to care for, transport and rehome Bernese Mountain Dogs that come into our rescue program. Last year we spent \$10,546 to care for dogs in rescue. Please consider making a donation to our rescue fund. Checks can be made out to CVBMDC and mailed to the Club's Treasurer with a note that the check is a donation for rescue. The Treasurer's contact information is John Light, 2425 Etienne Lane, Cumming, GA 30041.

REASON FOR GIVING UP THIS DOG INCLUDING ANY BAD HABITS &/OR FEARS
PLEASE ANSWER COMPLETELY, FULLY & HONESTLY

I UNDERSTAND & ACKNOWLEDGE THAT I AM SURRENDERING THE ABOVE DOG OF MY OWN FREE WILL & THAT THIS SURRENDER & TRANSFER OF INTEREST IS FINAL. I FURTHER UNDERSTAND & ACKNOWLEDGE THAT I WILL RECEIVE NO MONEY OR OTHER CONSIDERATION AS A RESULT OF THIS SURRENDER & THAT THIS SURRENDER DOES NOT CONSTITUTE A SALE & MAY NOT BE CONSTRUED TO BE A SALE.

I declare that I am the legal and sole owner of the dog, and that there are no encumbrances to my title to the dog. The dog is released and accepted with/without (circle one) an AKC registration certificate, and with no implied guarantees regarding placement.

I certify that I **DO** ___ **DO NOT** ___ own this dog. If I have indicated that I **DO NOT** own this dog, I hereby certify that I do not know who owns this dog or that I have notified the owner that I am surrendering this dog and the owner has consented to the surrender of this dog.

It is signed and agreed that I give the CVBMDC Rescue Program custody of the above said dog.

Owner(s) Signature Date

Owner(s) Printed Name: _____

Address: _____
 Street City State Zip Telephone Number

CVBMDC Rescue Representative Signature Date

CVBMDC Rescue Representative Printed Name: _____

Below please indicate all items that you are including with the dog. You are expected to surrender with the dog a collar, leash, complete medical documentation, medication, microchip information, AKC registration, all paperwork from where this dog was adopted from, and at least 5 days' worth of food.

Collar: _____

Leash: _____

Medical documentation: _____

Medication: _____

Microchip information: _____

AKC registration: _____

Breeder/Pet store/Adoption paperwork: _____

Food: _____

Bowls: _____

Bed: _____

Crate: _____

Toys: _____

Money: _____

Other: _____

