

Relinquishment (Owner Turn-in) Form

Cocker Spaniel Rescue of East Texas/Houston

Relinquisher completes the following section:

Date: _____

Name of owner/caretaker _____ Phone _____

Address _____
Street address or P.O. Box City State Zip

Name of Pet _____ How long have you this dog? _____

Has dog been on heartworm preventative? Yes No

Name of preventative: _____

Date Due: _____

Sex (circle one): Female - spayed Female – unspayed Male – intact Male – neutered

Color (circle all appropriate):
Buff: Buff Red Silver
Parti: Black and white Brown and white Tan and white
Tri-colored Black Sable

Name of Veterinarian _____ Phone _____

Address _____
Street address or P.O. Box City State Zip

I authorize the veterinarian/clinic to release records on the above named dog to Cocker Spaniel Rescue of East Texas/Houston, P.O. Box 7326, The Woodlands, TX 77387-7326 or fax to one of the phone numbers below.

I voluntarily relinquish ownership of the dog described above to Cocker Spaniel Rescue of East Texas/Houston, P.O. Box 7326, The Woodlands, TX 77387-7326.

Signature of Relinquisher

Name vet records are under (please print)

Veterinary Clinic Staff completes the following section:

**Cocker Spaniel
Rescue**

FAX Numbers

Please fax completed, signed form to any number listed below.

The Woodlands
(281) 296-8281

Deer Park
(281) 479-7123

Lake Jackson
(979) 297-8897

Memorial area
(713) 522-3770

Is this dog on heartworm preventative? Yes No

Is this dog up-to-date on immunizations? Yes No Date Due _____

Which immunizations has this dog received?

DHLPP Yes No Rabies Yes No Bordatella Yes No

Signature

Position

Printed name

Fax or Mail to: Cocker Spaniel Rescue, P.O. Box 7326, The Woodlands, TX 77387-7326

For information about Cocker Spaniel Rescue, call (281) 319-3131