INTAKE NUMBER_____

GOLDEN RETRIEVER RESCUE, EDUCATION AND TRAINING, INC.

PO Box 190, Merrifield, VA 22116 ~ 703-620-6593 ~ www.GRREAT.org

I, _____, being the owner of _____, age ____, a male/female, hereby relinquish all claims and ownership of said animal to the organization known as GRREAT (Golden Retriever Rescue, Education and Training, Inc.), and members thereof. I cannot reclaim this dog once in the possession of GRREAT or members thereof. I agree to relinquish all medical records and AKC paperwork available. Neither GRREAT nor members thereof shall be held responsible for actions of the foster or adoptive family and/or the dog. **I CERTIFY THAT THIS DOG HAS NEVER BITTEN A HUMAN BEING, AND HAS NEVER SHOWN ANY SIGNS OF AGGRESSION TOWARDS ANY HUMAN.** By signing this form, I understand that GRREAT reserves the right to exercise full discretion with respect to all matters relating to this dog. **I understand and agree to the above conditions.**

_____ _____ _____

Signature Printed Name Date

_____

Street Address City State Zip Phone number

_____ _____ _____

Witness (GRREAT representative) Printed Name Date

THERE ARE MANY COSTS ASSOCIATED WITH FINDING A GOOD HOME FOR YOUR DOG.
WE SUGGEST A DONATION OF $100. Every dog coming into GRREAT is taken to a vet for a check-up, vaccination updates if necessary, bloodwork (including but not limited to a heartworm test), and other tests deemed necessary.

$_____amount donated

OWNER RECEIPT

(PLEASE LEAVE WITH OWNER)

GOLDEN RETRIEVER RESCUE, EDUCATION AND TRAINING, INC.

PO Box 190, Merrifield, VA 22116 ~ 703-620-6593 ~ www.GRREAT.org

I, _____, being the owner of _____(dog's name), age _____, sex M / F, hereby relinquish all claims and ownership of said animal to the organization known as GRREAT (Golden Retriever Rescue, Education and Training, Inc.), and members thereof. I cannot reclaim this dog once in the possession of GRREAT or members thereof. I agree to relinquish all medical records and AKC paperwork available. Neither GRREAT nor members thereof shall be held responsible for actions of the foster or adoptive family and/or the dog. **I CERTIFY THAT THIS DOG HAS NEVER BITTEN A HUMAN BEING, AND HAS NEVER SHOWN ANY SIGNS OF AGGRESSION TOWARDS ANY HUMAN.** By signing this give-up form, I understand that GRREAT reserves the right to exercise full discretion with respect to all matters relating to this dog. **I understand and agree to the above conditions.**

_____ _____ _____

Signature Printed Name Date

_____

Street Address City State Zip Phone number

_____ _____ _____

Witness (GRREAT representative) Printed Name Date

.

$_____amount donated

Donated Items (please circle and provide explanation):

Food Treats Toys Bedding Crate Leash/Collar Medicines Other

_____

_____

_____

_____

For updates on how your dog is doing while in foster care, please contact GRREAT's Intake/Foster Home Coordinator, intake@grreat.org.