

**American Belgian Malinois Rescue**

**Release Form**

Description:

Call Name \_\_\_\_\_  
Registered Name \_\_\_\_\_ AKC No. \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_ Tattoo \_\_\_\_\_  
Breeder \_\_\_\_\_  
Address \_\_\_\_\_

Health:

Date of last vaccinations: Rabies \_\_\_\_\_ Distemper \_\_\_\_\_ Parvo \_\_\_\_\_  
Is dog: Dysplastic \_\_\_\_\_ Epileptic \_\_\_\_\_  
On Heartworm Preventative \_\_\_\_\_  
Was this dog ever bred? \_\_\_\_\_ Is this dog spayed/neutered? \_\_\_\_\_  
Veterinarian \_\_\_\_\_ Address \_\_\_\_\_

Temperament:

To people: shy \_\_\_\_\_ friendly \_\_\_\_\_ aggressive \_\_\_\_\_ unpredictable \_\_\_\_\_  
Get along well with: kids \_\_\_\_\_ other dogs \_\_\_\_\_ cats \_\_\_\_\_  
Does dog: jump/climb fences \_\_\_\_\_ open gates \_\_\_\_\_ dig holes \_\_\_\_\_  
chase cars \_\_\_\_\_ bark excessively \_\_\_\_\_  
kill cats, chickens or livestock \_\_\_\_\_  
Is dog: crate trained \_\_\_\_\_ leash trained \_\_\_\_\_ housebroken \_\_\_\_\_  
Has dog ever bitten? \_\_\_\_\_  
Circumstances of bite: \_\_\_\_\_

Training:

What commands does dog respond to: \_\_\_\_\_

Reason for giving up this dog:

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

Choose and check the correct paragraph:

[ ] I certify that I am the legal owner of the above-described Belgian Malinois. I hereby transfer ownership of this dog to ABMC Rescue and do relinquish any and all claim to this dog. Any health and registration records or papers for this dog will be promptly sent to ABMC Rescue. I agree that this dog may be disposed of at the discretion of the ABMC Rescue Committee.

\_\_\_\_\_  
Signature

[ ] I certify that I am the finder of the above-described Belgian Malinois which has been in my possession since (date) \_\_\_\_\_. The dog was found (location) \_\_\_\_\_. I hereby relinquish any and all claim to this dog. I agree that this dog may be disposed of at the discretion of the ABMC Rescue Committee.

Date: \_\_\_\_\_  
Donation: \_\_\_\_\_

\_\_\_\_\_  
Signature  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

////////////////////////////////////  
Date Adopted: \_\_\_\_\_  
Donation: \_\_\_\_\_  
\_\_\_\_\_

////////////////////////////////////  
New Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_