



Scottsville Veterinary Adoptions

Release Form for Puppies

Date: _____

Person releasing puppies: _____

Address: _____ Phone Number: _____

Number of Puppies: _____

Name of Puppy: _____ Age: _____ M F

Name of Puppy: _____ Age: _____ M F Name of

Puppy: _____ Age: _____ M F Name of Puppy.

_____ Age: _____ M F Name of Puppy:

_____ Age: _____ M F

How long have you had these puppies or puppy? _____

Are these puppies or puppy strays? _____

Can you give us any background on the pet(s)? _____

Has the pet(s) been seen by a veterinarian? _____

Name of the doctor or animal hospital: _____

If yes, what medical care has the pet(s) received? _____

Please read and sign:

I, _____, agree to place my puppy or puppies into the Scottsville Veterinary Adoption Program for its placement into a new home. I understand that if the puppy deteriorates physically or demonstrates aggressive behavior that it may require euthanasia, at the full discretion of shelter supervisory or veterinary staff.

X
