

GoldHeart GOLDEN RETRIEVER RESCUE, INC.
PO Box 394 ~ Chester, MD 21619-0394 ~ 410-877-9697 ~ www.goldheart.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 GoldHeart Golden Retriever Rescue, Inc., and members thereof. I cannot reclaim this dog once in the possession of GoldHeart or members thereof. I agree to relinquish all medical records and AKC paperwork available. Neither GoldHeart nor members thereof shall be held responsible for actions of the foster or adoptive family and/or the dog. I understand the dog may be euthanized if GoldHeart deems necessary. **I CERTIFY THAT THIS DOG HAS NEVER BITTEN A HUMAN BEING, AND HAS NEVER SHOWN ANY SIGNS OF AGGRESSION TOWARDS ANY HUMAN. I understand and agree to the above conditions.**

Signature(s) Printed Name Date

Street Address City State Zip Phone Number

Witness (GoldHeart representative) Printed Name Date

**THERE ARE MANY COSTS ASSOCIATED WITH FINDING A GOOD HOME FOR YOUR DOG.
WE SUGGEST A MINIMUM DONATION OF \$100.00 to help offset these expenses.**

\$_____amount donated

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**Please provide Name, Address & PH#s of all Veterinary Clinics who saw and/or treated your Golden:**

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

**This document serves as my expressed consent to any Veterinary Clinic to release treatment history/information and records, including x-rays and other pertinent data to any representative of GoldHeart, Golden Retriever Rescue, Inc.**

\_\_\_\_\_  
Signature Printed Name Date

\_\_\_\_\_  
Signature Printed Name Date

\_\_\_\_\_  
Signature (GH rep/witness) Printed Name Date