

Your logo and Info Here

I HEREBY GIVE AND RELINQUISH TO _____ . Rescue Committee one male ____ female ____ Vizsla which has ____ has not ____ been altered. (If the Vizsla has not been altered, it must be altered before being placed in a new home).

Vizsla's Name _____

Birth date / Age _____

Date of last: DHLPP _____ Rabies: _____ Next Due: _____

Has your Vizsla been tested for heartworm? _____

Were the results negative? _____

Is your Vizsla presently taking a heartworm preventative? _____

What day of the month? _____

If your Vizsla needs immunizations updated or a heartworm test, would you be willing to have that done before the dog is adopted? Yes ____ No ____

Dog's primary veterinarian: Name _____

Address _____

Phone # _____

This Vizsla has the following known physical, medical and/or temperament problem(s):

I (we) declare that I (we) am (are) the legal and sole owner(s) and that there are no encumbrances to my (our) title to this Vizsla. I (we) give permission for the _____ to obtain records on the above named Vizsla from the dog's veterinarian.

I (we) agree to hold _____ Rescue harmless of any legal actions or questions of any kind that could occur from the information provided by me in this Consent to Release.

I (we) understand that there will be no monetary compensation to me (us) for this Vizsla. The donation from the new owner will go to the _____ Rescue Fund. I acknowledge that I have truthfully completed this Bill of Transfer and Profile to the best of my ability and knowledge and that I am releasing my Vizsla to _____ Rescue.

Signed (owner) _____ Date _____

Signed (co-owner) _____ Date _____

Address _____

City/State/Zip _____

Phone number _____ E-Mail _____

PLEASE MAIL THIS SIGNED FORM ALONG WITH COPIES OF YOUR VIZSLA'S MEDICAL RECORDS AND A PICTURE OF YOUR VIZSLA TO:

<p>Your Info Here</p>
