

**Community Canines**  
**The Great Dane Rescue of Southern California**

*501(c)(3) Public Benefit Charity*  
*Tax ID # 36-4943438*

**Surrender Agreement**

I, \_\_\_\_\_ an adult, on this \_\_\_\_\_ day of \_\_\_\_\_, 2020 do hereby voluntarily and **irrevocably** give, donate, surrender and release to Community Canines, hereinafter referred to as CK9 or, the rescue, the following animal, hereinafter referred to as “animal”.

Name of Owner/Relinquisher(s): \_\_\_\_\_

Owner(s) Address: \_\_\_\_\_

Phone #(s): \_\_\_\_\_ Email: \_\_\_\_\_

Owner/Relinquisher(s) Signature: \_\_\_\_\_

Animal's Name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Animal Type: \_\_\_\_\_

Color: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Spayed/Neutered: Yes \_\_\_\_\_ No \_\_\_\_\_

I represent and warrant that I am the lawful owner of the Animal(s), and I have full power and authority to surrender the Animal(s) to CK9. No other person has any legal or equitable ownership interest in the Animal(s). I have disclosed to the CK9 **all** material information regarding the medical and behavioral history of the Animal(s).

Please list the reason(s) that you are relinquishing the animal to rescue: \_\_\_\_\_

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

I willfully surrender all medical records and information pertaining to the Animal(s). CK9 has my permission to contact my veterinarian for any necessary information pertaining to my Animal(s), and I hereby consent to the release of any and all medical information by any medical provider.

Veterinarian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

I further acknowledge that I am releasing the Animal(s) completely voluntarily and that no representations, considerations or promises of any kind have been made to me by CK9 or any of its representatives.

List any particular medical issues about the animal that CK9 should know (good and not-so-good, or bad):

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List any particular issues about behavior, habits or other about the animal (good, not-so-good, or bad):

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I understand that by releasing the Animal(s) to CK9, I relinquish all ownership or other interest in the Animal(s). I will not seek further information about the Animal(s) and will not press CK9 for details. My contact with the Animal(s) terminates at the time of surrender. CK9 is under no obligation whatsoever to follow up with information about the Animal(s).

I hereby release and forever discharge CK9 from any and all rights, claims, obligations, liabilities, and causes of action whatsoever arising out of or relating to the ownership, possession, or disposition of the Animal(s), and I agree to indemnify and hold harmless CK9 from and against any and all such rights, claims, obligations, liabilities, and causes of action which may be asserted by third parties.

**This is a legally binding document for the irrevocable surrender of your Animal(s) to Community Canines.**

I have fully read and understand this Surrender Agreement. I accept and agree to abide by its terms.

DATE: \_\_\_\_\_

OWNER'S SIGNATURE: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

OWNER'S PHONE NUMBERS: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

OWNER'S E-MAIL: \_\_\_\_\_ DONATION AMOUNT: \_\_\_\_\_

WITNESS: \_\_\_\_\_

CK9 AGENT TAKING CUSTODY: \_\_\_\_\_ DATE: \_\_\_\_\_