

Dog's Name:

To be filled in by Rep: ID#:CIGR_____

Sex: Spayed/Neutered:

Age: Weight & Height:

Color and Markings:

Other Identifying Features:

Where and/or from whom did you get this dog:

Any Known Medical Conditions:

Any Known Behavioral Problems:

Date of last vaccination & type:

Date of last Rabies vaccination and type, lot, etc:

Date of last dental/vet visit:

Is this dog currently on any medications:

Name & telephone number of this dog's veterinarian:

Please tell us a bit about this dog's likes and dislikes:

I hereby release this Italian Greyhound to a representative of California Italian Greyhound Rescue, forthwith known as C.I.G.R.

I hereby release to C.I.G.R. any and all registration papers including microchip registration.

I hereby release to C.I.G.R. any and all vaccination and/or veterinary records.

I hereby certify that I am the legal owner of this dog.

I understand and agree that once this dog is turned over to C.I.G.R. that s/he becomes the property of C.I.G.R. and that s/he will not be returned except at the discretion of the C.I.G.R. Board of Directors.

Name:

Address:

City, State, Zip:

Day Tel: () - Evening Tel: () -

E-mail:

Signature: _____ Date: _____

Signature: _____ Date: _____

To help defray the cost of placing this Italian Greyhound a donation is requested. If your dog requires extensive medical attention we ask that you please be generous. Please make check out to: C.I.G.Rescue

Rescue Representative:

Name:

Address:

City, State, Zip

Telephone:

E-mail:

Website: www.CIGRescue.org