



OWNERSHIP SURRENDER DOCUMENT

+353 86 257 3180
Meath, Ireland
www.dogsindistress.org

1. Owners Details

Are you the legal owner of this dog you wish to surrender? ☐ Yes ☐ No

Full Name: _____

Address: _____ Eircode: _____

Email Address: _____ Phone: _____

2. Dogs Details

Name: _____ Gender: _____

Breed: _____ Age: _____

Is your dog spayed/neutered? ☐ Yes ☐ No

Microchip No: _____ Card Received: _____

Last Vaccination Date: _____ Card Received: _____

I hereby relinquish all rights and ownership of the dog described in this form.

I understand that upon relinquishing my dog, I will have no further ownership rights and will not be able to reclaim the animal.
Right to Place and Care for the Animal

I grant the organisation the sole and exclusive right to make all decisions regarding the animal.



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Signature

Signature _____

Date

DD

MM

YY