



## Owner Surrender Contract

By completing this form, I, \_\_\_\_\_ (*name*) acknowledge and represent that I am the lawful owner of the following dog(s):

Dog's Name: \_\_\_\_\_ Breed(s): \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Microchip #: \_\_\_\_\_  
Color(s) & Markings/Features (scars, spots, etc.): \_\_\_\_\_

I am requesting Save the Giants (STG) to take possession and full legal custody of my dog(s). I have exclusive authority to surrender said dog(s) as the sole legal owner of my dog(s). This dog was not stolen or found as a stray, and if I acquired this dog from his/her previous owner, I have provided STG with documentation to show transfer of ownership. I understand that should someone else attempt to claim joint or prior ownership of said dog(s) following the date of this contract, STG has no legal responsibility to return the dog.

Neither Save the Giants Rescue nor its volunteers or associates will be held liable or responsible for any claims or causes of action incurred as a result of the provision or restriction of information, services, contacts, adoptions, fostering, veterinary care, or by the actions of any and all dogs transferred or referenced herein.

Save the Giants Rescue agrees not to sell my contact information. Furthermore, Save the Giants Rescue will work in the best interest of the dog(s) to find him or her a suitable home. If a sustainable home cannot be found, Save the Giants Rescue may contact me using the contact information I provide below to give me the opportunity to reclaim dog(s). If I do not exercise this right within forty-eight (48) hours, Save the Giants Rescue will take whatever action deemed appropriate.

I willfully surrender all ownership rights to Save the Giants Rescue. I understand that I will receive no compensation for said dog(s), nor will I necessarily have the opportunity to reclaim the dog(s) or receive any future information about the dog(s).

Owner Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_