

**Please read the Relinquishment Process Documents on the Articles & Forms page first. It explains all of the relinquishment requirements, so you will know if you meet the requirements and what to expect.**

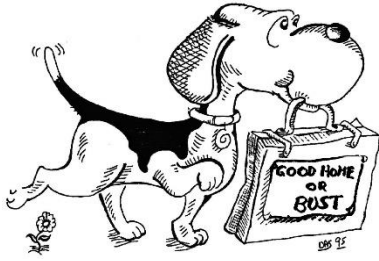
**Before you complete and mail this application and release, you must have a telephone interview with a Colorado Beagle Rescue volunteer. Leave a message at 303-464-9403, and your call will be returned.**

**Please mail all of the following to:**

**Colorado Beagle Rescue  
PO Box 2704  
Littleton CO 80161-2704.**

- 1. The completed, signed, and dated relinquishment application and relinquishment release. Any missing information will delay the processing of the application.**
- 2. All the past and current medical records.**
- 3. All original registration papers. Do not send copies.**
- 4. Two recent pictures or digital pictures showing the full body of the dog. Email digital pictures along with your name and the dog's name to Carol Larmore at [edkay74@aol.com](mailto:edkay74@aol.com).**
- 5. A short biography of the dog's temperament, behavior and good qualities. Some written information regarding your dog's commands, routine, feeding schedule, medicines he's taking, etc. to make it easier on the dog's transition to his new family.**
- 6. There is a \$50.00 relinquishment donation for each dog which helps defray placement costs. Make the check payable to Colorado Beagle Rescue, Inc.**

**Scroll to see the forms.**



**Colorado Beagle Rescue, Inc.**

PO Box 2704  
Littleton CO 80161-2704

303-464-9403  
www.ColoradoBeagleRescue.org

**For CBR use only**

Rescue Dog # \_\_\_\_\_  
 Rescue Dog Name \_\_\_\_\_  
 Acquired Date \_\_\_\_\_  
 Placed Date \_\_\_\_\_  
 Donation Amt & Received Date \_\_\_\_\_

**RELINQUISHMENT APPLICATION**

**Please print all information.**

Date: \_\_\_\_\_

**Relinquishing Adult 1:**

Name: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Personal Email: \_\_\_\_\_  
 Work Email: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

**Relinquishing Adult 2:**

Name: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Personal Email: \_\_\_\_\_  
 Work Email: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Where did you get CBR's name and number? \_\_\_\_\_

**When any question below is followed by several responses in capital letters, circle one of the responses.**

Dog's Name: \_\_\_\_\_ Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M NM F SF

Litter Number: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Is dog a purebred Beagle? YES NO Do you have registration papers? YES NO

If purebred: Sire: \_\_\_\_\_ Dam: \_\_\_\_\_

Registration #: \_\_\_\_\_ Registration #: \_\_\_\_\_

Breeder's Name, Address, Phone (if available): \_\_\_\_\_

Where and when did you originally obtain the dog? \_\_\_\_\_

Reason for relinquishment and how soon? \_\_\_\_\_

How many adults in household? \_\_\_\_\_ Children? \_\_\_\_\_  
**Boys Ages** **Girls Ages**

**Health Record:**

Date DA<sub>2</sub>PL + CPV Shot: \_\_\_\_\_ Date Rabies Shot: \_\_\_\_\_ Rabies Tag #: \_\_\_\_\_

Last heartworm test and results: \_\_\_\_\_ Next Due: \_\_\_\_\_

Any health problems? Explain. \_\_\_\_\_

Taking any medication? Explain. \_\_\_\_\_

Vet's name, address, phone: \_\_\_\_\_

Do you have other pets? YES NO If you answered yes, please list them below.  
**Species** **Pet's Name** **Age** **Gender (M, NM, F, SF)**

Does your dog get along with: Your pets? YES NO Other dogs? YES NO Cats? YES NO  
Birds? YES NO Other animals (specify)? \_\_\_\_\_ YES  
NO

Is your dog's energy level HIGH MODERATE CALM LETHARGIC COMBINATION OTHER \_\_\_\_\_

Is your dog DOMINANT SUBMISSIVE?

Hours spent with dog each day? \_\_\_\_\_ Doing what? \_\_\_\_\_

Is your dog accustomed to being alone during the day? YES NO

If there is a crate, will it go with the dog? YES NO

Is your dog: housebroken? YES NO crate trained? YES NO had obedience training? YES NO  
a barker? YES NO a chewer? YES NO had lead training? YES NO  
good in the car? YES NO INDOOR OUTDOOR BOTH dog?

Does your dog: jump the fence? YES NO climb the fence? YES NO dig under the fence? YES NO

Is your dog good with children aged: infant? YES NO, 1-3 yrs? YES NO, 4-6 yrs? YES NO,  
7-9 yrs? YES NO, 10-12 yrs? YES NO, 13 or more yrs? YES NO

Does your dog favor: men? YES NO, women? YES NO, children? YES NO, shows no preference? YES NO

Is your dog bothered by: loud noises? YES NO, thunder/lightning? YES NO, water? YES NO, crowds? YES NO

Has your dog ever bitten anyone? :YES NO If yes, explain. \_\_\_\_\_

Does your dog like to play special games? YES NO Explain. \_\_\_\_\_

Does your dog have special toys? YES NO Explain. \_\_\_\_\_

Does your dog have temperament or personality traits that might help us place your dog? YES NO If yes, explain.  
\_\_\_\_\_

Does your dog have special needs such as: weight control (loss or gain)? YES NO, socialization? YES NO, obedience training? YES NO, special diet? YES NO, other?

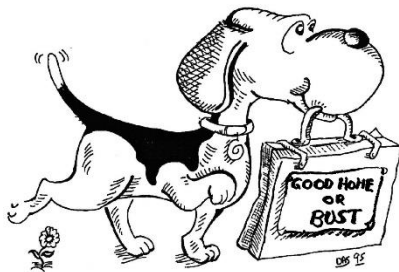
Food brand: \_\_\_\_\_ Amt per day: \_\_\_\_\_ DRY WITH-WATER

Feeding time(s): \_\_\_\_\_ Supplements: \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Important: After relinquishing your dog to Colorado Beagle Rescue, Inc., there can be no further physical contact between your family and the dog.**  
**There will be a \$50 donation per dog to help defray our placement costs. Please make your check payable to Colorado Beagle Rescue, Inc.**

CBR Representative: \_\_\_\_\_ Date: \_\_\_\_\_



**Colorado Beagle Rescue, Inc.**

PO Box 2704  
Littleton CO 80161-2704

303-464-9403  
[www.ColoradoBeagleRescue.org](http://www.ColoradoBeagleRescue.org)

**RELINQUISHMENT RELEASE**

<b>For CBR use only</b>	
Rescue Dog #	_____
Rescue Dog Name	_____
Acquired Date	_____
Placed Date	_____
Donation Amt & Received Date	_____

Pet's Name: \_\_\_\_\_ DOB/ Age: \_\_\_\_\_ Rabies # \_\_\_\_\_

Gender: \_\_\_\_\_ Color: \_\_\_\_\_ Litter/Reg #: \_\_\_\_\_  
M, NM, F, SF

Reason for relinquishment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, swear that I either own or have the legal right and authority to relinquish the above named dog and do unconditionally release the above animal to Colorado Beagle Rescue, Inc. (hereafter referred to as CBR).

I give CBR the right to place the dog in a foster home until its adoption, to be adopted directly into a new home, or to be handled as CBR shall deem best. If no foster home is available at this time, I agree to keep this dog until one is available or a suitable permanent home can be found. If this is not possible, explain below. Note CBR does not give or sell animals for research.

I release CBR and any person(s) who may obtain the possession or guardianship of said dog through CBR from any claim of any kind arising out of my title to, or control of such animal.

I swear to the best of my knowledge this dog has never bitten anyone and is not vicious. If the dog HAS ever bitten, explain below.

I certify that this dog is healthy, has not been diagnosed with any medical problems, and has not been exposed to any contagious diseases, unless otherwise explained below.

Even though by signing this agreement I have released this dog to CBR, I will remain completely responsible for its actions while dog is still in my possession. I release CBR and any person(s) who may obtain the possession or guardianship of said dog through CBR from any claim of any kind arising out of my title to, or control of such animal.

I understand my family members and I can have no physical contact with the dog after CBR places the dog with a foster or permanent family. If the new family agrees, I understand telephone or mail contact can be made between the two families.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures of relinquishing \_\_\_\_\_ Date: \_\_\_\_\_  
person(s) of above named dog::

\_\_\_\_\_ Date: \_\_\_\_\_

**Mail the following items: CIRCLE YES OR NO TO INDICATE IF YOU ARE INCLUDING THIS ITEM.**

1. YES NO The completed, signed, and dated relinquishment application and relinquishment release.
2. YES NO All the past and current medical records.
3. YES NO All **original** registration papers. Do not send copies.
4. YES NO Two recent pictures or digital pictures showing the full body of the dog. Email digital pictures along with your name and the dog's name to [Carol@ColoradoBeagleRescue.org](mailto:Carol@ColoradoBeagleRescue.org).
5. YES NO A short biography of the dog's temperament, behavior and good qualities. Some written information regarding your dog's commands, routine, feeding schedule, medicines he's taking, etc. to make it easier on the dog's transition to his new family.
6. YES NO Placement donation of \$ \_\_\_\_\_ per dog. This amount was decided when you talked to the CBR volunteer. Make the check payable to Colorado Beagle Rescue, Inc. If the answer is NO, please explain the reason below.  
\_\_\_\_\_

Mail To: Colorado Beagle Rescue  
PO Box 2704  
Littleton CO 80161-2704

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**THIS SECTION WILL BE COMPLETED BY COLORADO BEAGLE RESCUE.**

I, \_\_\_\_\_, acting as representative of CBR will accept this dog named above and will turn him/her over to a CBR foster home or place him/her in a suitable permanent home as soon as possible. The representative is not responsible for the dog; CBR assumes full responsibility for the dog at the time said Beagle is removed from current guardian's home.

Date: \_\_\_\_\_

Comments from CBR: (Please use the reverse side.)