



2195 Route 22 West  Union, NJ 07083
908-688-2600

DOG TRANSFER OF CUSTODY AGREEMENT

Dog Information		
Pet's Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Neutered / Spayed <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Breed	Date of Birth if known	
Secondary Breed	Microchip #	
<input type="checkbox"/> Proof of Ownership (Vet Bill or Dog License) <input type="checkbox"/> Stray	Previous Dog Bite within past 10 days <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pet's Food Preference	Known Food Allergies	
Medical Conditions	Behavior Issues	
Current Medications		
Veterinary Hospital		
Address	Phone Number	
Reason for Surrender		
Owner Information		
Name	Home Phone	
Address	Cell Phone	
City	State	Zip

Current medical records must accompany this agreement.

Owner Acknowledgement of Transfer of Custody

By signing below, I am hereby relinquishing my dog to Shake A Paw® Rescue and Adoption Center and agree to transfer all custody and ownership rights to Shake A Paw® Rescue and Adoption Center. I understand that Shake A Paw® Rescue and Adoption Center will attempt to adopt my dog into a new forever home at their discretion. I understand that I will not receive compensation for my dog. I have, to the best of my knowledge, given accurate information regarding the health and disposition of my dog. I understand that I have 48 hours to change my decision and resume custody of my dog. After 48 hours this transfer of custody agreement becomes final. By my signature below I agree to pay a non-refundable transfer fee of _____.

Shake A Paw® Rescue and Adoption Center:

Customer:

Print Name _____

Print Name _____

Signature _____

Signature _____

Date ____ / ____ / ____

Date ____ / ____ / ____