



## GOLDEN BOND RESCUE OF OREGON

PO Box 25391 Portland, OR 97298

503-892-2897

[www.goldenbondrescue.com](http://www.goldenbondrescue.com)

A 501c(3) Corporation

### **OWNER RELEASE AND POLICY STATEMENT**

Please understand that you completely relinquish ownership and ALL RIGHTS to this Golden Retriever when you surrender it to Golden Bond Rescue.

It is the policy of Golden Bond Rescue of Oregon, Inc. to give each appropriate Golden Retriever every possible chance for a loving home. However, any Golden Retriever found to be suffering from a disease or condition that may compromise the quality of the dog's life; who demonstrates biting, snapping or aggression towards people; who exhibits severe or unreasonable aggression towards other dogs; or other serious behavior problems which render it unadoptable, will be euthanized. Euthanasia is a humane method of putting a creature to death by a painless injection of sodium pentobarbital.

The undersigned hereby agrees to relinquish ownership and ALL RIGHTS, expressed or implied, to the Golden Retriever (referred to as "the dog") identified in this agreement. Upon the signing of this document and the transfer of the dog, this agreement shall become binding to all parties and may not be broken under any circumstances.

I, \_\_\_\_\_ hereby warrant and guarantee that I am the owner of the dog and have good title to it. Further, I have read and understand all the policies stated above and I hereby release all responsibility and ownership of my Golden Retriever, known as \_\_\_\_\_, sex \_\_\_\_\_.

I further warrant and represent that this dog has never bitten me or any other individual and I understand that Golden Bond Rescue of Oregon, Inc., is relying on this representation.

I hereby grant ownership and responsibility of said dog to Golden Bond Rescue of Oregon, Inc., and its representatives at the time of surrender.

I further authorize the release of all medical records for said dog to Golden Bond Rescue of Oregon, Inc.

Vet Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print name of person relinquishing dog to GBR)

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name of Witness: \_\_\_\_\_  
(Please print name)

Signature of Witness: \_\_\_\_\_