ENGLISH COCKER SPANIEL CLUB OF AMERICA RELEASE AGREEMENT

| I,, certify that I am the sole owner/guardian of, |
|---|
| year old (color), neut'd/intact English cocker spaniel, and have |
| real and apparent authority to enter into this agreement. |
| |
| This dog is being given up because |
| ;. I freely transfer ownership of this |
| ;. I freely transfer ownership of this dog to the ECSCA, Inc. Rescue program via its agent, l |
| irrevocably relinquish unto the Program all rights, title, and interest to |
| It is understood that the ECSCA Rescue Program will make all |
| reasonable efforts to find the most suitable permanent home for this dog after an |
| appropriate period of time in foster care. Although I understand that I will not be |
| told exactly where the dog is placed, I may inquire about the dog's well-being at |
| any time. |
| I certify that I have related information about this dog's temperament and health |
| history to the best of my knowledge and ability. I also give permission for ECSCA |
| Rescue to contact the following people/facilities for further pertinent information |
| about this dog if necessary: |
| Veterinarian: |
| Trainer: |
| Other(s) (neighbor/groomer) |
| |
| |
| |
| <u> </u> |

A list of the information I am turning over at this time (titled "Rescue Dog Documents and Information Obtained at Time of Release") is attached and incorporated into this document. I hereby release, discharge and agree to hold harmless and indemnify the ECSCA and/or its agent(s) from all claims or liability arising out of or related to any negligent or intentional misrepresentation contained in the facts presented with this agreement. I will pay any legal fees and costs which may be incurred by the ECSCA or its agents on account of such misrepresentations. Although, rarely done, I do understand that the ECSCA does have the authority to euthanize an animal if finding a suitable permanent living arrangement for it seems hopeless or unwise. In such a case, I will not be notified. A \$_____ donation is hereby offered to defray expenses for board, medical care, consultations etc. and to further support the good works of the ECSCA Rescue Program.(checks can be made out to ECSCA, Inc and mailed to our treasurer, Ms Karen Spurlin, PO Box 760, Tracyton, WA 98393

| Owner(s)/guardian | | | |
|--------------------------|-------------|---------|----------------------------|
| (please print) | | | |
| Address | | | |
| | | | |
| | | | |
| Telephone | Email | | |
| Signed | | | |
| (legal owner) | | | |
| ECSCA Agent | | | |
| | | | |
| Address | | | |
| | | | |
| Telephone | | | |
| Email : | | | |
| Date:/ | | | |
| Witness: | | | |
| | | | |
| RESCUE DOG DOCUMENTS | S AND INFO | RMATION | |
| OBTAINED AT TIME OF RE | LEASE | | |
| | | | |
| AKC or other registrat | 1 1 | | |
| Date if birth if known | | | Approx |
| ageBreeder notified? Y/N | by whom | _ when | _ (if no, explain why not) |
| signed release form to | ECSCA Resc | ue | |
| spay/neuter certificate | | | ox. date done |
| rabies vaccination cert | | | |
| microchip or tattoo inf | | | |
| registry | | | |
| DH(L)PP vaccination | information | | |
| other vaccinations | | | |
| heartworm test results: | ; Date | | |

| on Heartworm preventive Y/N if Y which product |
|--|
| date of last dose |
| fecal test results worming (date, for what and with what product) |
| on flea/tick preventive? Which product |
| date of last application |
| date of last applicationhealth problems and treatments needed (attach info if nec.,esp if current) |
| medications (current and any known meds the dog can't |
| tolerate) |
| |
| |
| diet info (food and |
| times/day) |
| behavior quirks or problems including any known aggression, excessive barking, destruction, or other difficult |
| behavior |
| |
| <u> </u> |
| |
| |
| |
| other: favorite toys. commands; crate trained; car; leash; sleeps in bed, etc |
| (use back if necessary) |
| misc items donated :crate, toys, |
| food |
| |
| Spacial notes: |
| Special notes: |