



Southern California Vizsla Rescue

Release of Owned Vizsla to Southern California Vizsla Rescue

BILL OF TRANSFER

I hereby give and relinquish to Southern California Vizsla Rescue one male ___ female ___ Vizsla which has___ has not ___ been altered.

If the Vizsla has not been altered, it must be altered before being placed in a new home.

Vizsla's Name _____

Birth date/Age _____

Date of last: DHLPP _____ Rabies: _____

Due date for next Rabies: _____

Has your Vizsla been tested for heartworm? _____

Were the results of the test positive or negative? _____

Is your Vizsla presently taking a heartworm preventative? _____

If your Vizsla needs immunizations updated or a heartworm test, would you be willing to have that done before the Vizsla is adopted? Yes___ No ___

Dog's primary veterinarian:

NAME: _____

ADDRESS _____ PHONE# _____

This Vizsla has the following known physical, medical, and/or temperamental problem(s):

I (we) declare that I (we) am (are) the legal and sole owner(s) and that there are no encumbrances to my (our) title to this Vizsla. I (we) give permission for the Southern California Vizsla Rescue to obtain records on the above named Vizsla from the dog's veterinarian.

I (we) understand that there will be no monetary compensation to me (us) for this Vizsla. The donation from the new owner will go to the Southern California Vizsla Rescue.

Signed _____
(owner)

Address _____
City/State/Zip _____



Southern California Vizsla Rescue

Phone number _____

E-Mail _____

Date of Transfer _____

Southern California Vizsla Rescue Representative:

Julie King, PO Box 1938, Ramona, CA 92065 (619)787-7338 SoCalVRescue@yahoo.com
