



DOG SURRENDER FORM

Tiny Miracles Rescue
696 New Galena Rd
Chalfont, PA 18914

Date_____

I, _____, (hereinafter referred to as ADOPTER) wish to
surrender _____ (hereinafter referred to as DOG) to Tiny
Miracles Rescue on _____ (date of surrender).

Breed/Mix:	Color:	Coat:
Estimated Age:	Sex:	Weight:

Please state reason for surrendering the dog:

Upon signing, all ownership rights of ADOPTER will be terminated and ownership of DOG will revert to Tiny Miracles Rescue.

SIGNATURE: _____

Printed Name: _____

Date: _____