



# Owner Surrender

## KELLNHAUS GERMAN SHEPHERDS Surrender to Breeder Contract

**Puppy/Dog's Info:**

Registered Name: _____	Call Name: _____
Microchip# _____	CKC #: _____
Date of Birth: _____	Purchase Date: _____
Original Purchase Price: \$_____ CDN	

The Owner has been issued a refund of **\$XXXX.XX**, an agreement pursuant of the original sales contract dated **XXX XX, XXXX**. This refund, and subsequent transfer of ownership, represents the sum total of obligation of the Owner and Breeder to each other, dissolves all previous contracts or agreements, and holds harmless the Owner and Breeder for any past, future, and/or additional monies or liabilities of the dog.

**It is confirmed:**

- The dog is received in excellent condition and up to date on all vaccinations for age including: Distemper, Hepatitis, Parvovirus, Parainfluenza, Bordetella, and Rabies.
- The dog has not been bred or suffered any major illness or injury requiring vet care in its time with the Owner.
- The **Owner is providing** the Breeder with:
  - \_\_\_ CKC Original Registration Certificate,
  - \_\_\_ Signed Application for Transfer of Ownership,
  - \_\_\_ Signed Cancellation of Non-Breeding Agreement as BUYER
  - \_\_\_ Signed Non-Breeding Agreement as SELLER
  - \_\_\_ Vet Health Record

The Breeder receives and retains full ownership, care, and custody of above dog as of this date. Owner understands and agrees they waive and forfeit all rights and claims to above dog on this date.

	<b>X</b> _____	
Owner Name	Owner Signature	Date
	<b>X</b> _____	
Breeder Name	Breeder Signature	Date

This dog has completed the following courses with a professional trainer

- Puppy Socialization
- Basic Obedience
- Advanced Obedience
- Other: \_\_\_\_\_

This dog is:

- House Broken
- Crate Trained
- Able to travel well in vehicles
- Intact
- Other: \_\_\_\_\_

This dog has **NOT** displayed **any**:

- Dog Aggression
- Human Aggression

Although non-binding, the owner recommends placement in a home:

- With NO Children
- With no children under the age of \_\_\_\_\_ years.
- With no other dogs
- Owner has no recommendations

## AUTHORIZATION TO RELEASE VETERINARY RECORDS

Please release the records requested below to the following people:

**Name:** Darleina Kelln and Pierre Pigeon  
**Phone:** 780-898-5571

### Owner Information:

Name:  
Address:  
Phone:

### Pet Information

Name:  
Breed:

Please include copies of the following for the date range: \_\_\_\_\_ - \_\_\_\_\_:

Entire Medical Record, **or**:

- Vaccination Records
- Lab Reports
- Exam Reports
- Surgery Reports
- Pathology/Biopsy Reports
- Radiology Reports

I hereby certify that I am the owner of the above-described pet(s). Further, I hereby request and authorize this veterinary clinic to release the requested medical information for my pet(s) to **Darleina Kelln and Pierre Pigeon**.

I release the veterinarian and staff from any legal responsibility or liability for the release of information to the extent indicated as authorized herein. This authorization expires 180 days from the date of signature.

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_