

# **TOLLER RESCUE Inc.**

## **INTAKE PROFILE – FOUND, STRAY or OWNER SURRENDER**

To be completed by TRI:

Date Forms Rec'd: \_\_\_\_\_ Intake Date: \_\_\_\_\_ Tag #: \_\_\_\_\_

**\*\*NOTE: THE RELINQUISHER(S) OF THE DOG MUST SIGN THIS CONTRACT BEFORE  
Toller Rescue Inc. (hereinafter referred to as "TRI") CAN AGREE TO TAKE THE DOG.\*\***

Relinquisher's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Day(\_\_\_\_\_) \_\_\_\_\_ Evening(\_\_\_\_\_) \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Spay/Neuter? \_\_\_\_\_ Y \_\_\_\_\_ N

Description of dog (color, weight, tattoos, markings, etc.) \_\_\_\_\_

How long have you had the dog? \_\_\_\_\_

Where was the dog found? \_\_\_\_\_

Has the dog seen a veterinarian? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list what vet did for the dog: \_\_\_\_\_

Name of Vet: \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

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

What efforts have you made to find the owner of the dog? Be specific. \_\_\_\_\_

Have you posted signs? \_\_\_\_\_ Yes \_\_\_\_\_ No

Taken dog to vet to see if it has microchip? \_\_\_\_\_ Yes \_\_\_\_\_ No

Where has the dog been housed while with you? \_\_\_\_\_

Does the dog seem house trained? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has the dog been with any other dogs? \_\_\_\_\_ Yes \_\_\_\_\_ No

Reaction of this dog to other dogs? \_\_\_\_\_

Has the dog been around any cats?  Yes  No

Reaction of this dog to cats? \_\_\_\_\_

Has this dog been around any children while with you?  Yes  No Ages? \_\_\_\_\_

Has this dog done any growling at any person while with you?  Yes  No

Has this dog done any growling at other dogs or cats while with you?  Yes  No

To the best of your knowledge, has this dog bitten any person?  Yes  No

To the best of your knowledge, has this dog bitten any other animal?  Yes  No

What has the dog been eating while with you (name brand): \_\_\_\_\_

Is dog possessive of food or food dish?  Yes  No

Is the dog friendly?  Yes  No

Can you grab him?  Yes  No

Can you touch him anywhere?  Yes  No

Does this dog have any obvious skin problems?  Yes (specify)  No

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Have you noticed any medical problems with the dog?  Yes (specify)  No

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Has the dog been crated or confined while with you?  Yes  No

Please supply any other information you feel would be helpful to us with regard to this dog:

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In regards to the surrender of the above-described dog to TRI, I/We, the undersigned, agree to the following conditions:

1. By signing this document, I certify that I am the sole owner/guardian of this dog, and that there are no liens or mortgages against this dog, and that I am the rightful owner of this dog or I have made a reasonable effort to find the rightful owner of this dog.
2. By signing this document, I understand that this dog becomes the property of TRI and that I have no further rights to it.
3. TRI will be solely responsible for the placement of this dog. All decisions regarding the placement of this dog will be made by TRI. TRI may consider, but have no obligation to use, referrals from the relinquisher.
4. The relinquisher has no rights to information regarding the adoption or whereabouts of this dog. Any information or contact with the adopting party will be at the discretion and initiation of the adopting party.

5. The relinquisher gives TRI authorization to obtain the dog's health records from any veterinarian or vet clinic.
6. **The relinquisher warrants and guarantees to TRI that this dog's history with regards to biting, growling, or any other act of aggression has been accurately described above. Relinquisher understands that should determination ever be made that the biting/growling/aggression history of this dog be proven to have been misrepresented by the relinquisher, the relinquisher will then be solely responsible for any and all court costs, attorneys fees, and medical/surgical bills resulting from relinquisher's misrepresentation of the dog's prior history.**

\*\*\*PLEASE ATTACH A COPY OF ALL VETERINARY AND SHOT RECORDS ALONG WITH THE MOST CURRENT RABIES CERTIFICATE TO THE INTAKE FORM IF APPLICABLE\*\*\*

The continuation of this program relies on donations for medical and foster care for these dogs. A donation at the time of surrender would be appreciated -- your donation is tax deductible.

I/We understand this contract and the policies described above, and agree to their conditions. I agree to hold TRI, its officers, board members, and all other volunteers harmless for any loss, damage, or injury to persons, animals, or property arising from or relating to the placement of this dog. I/We are relinquishing said dog of my/our own free will and not under duress of any kind.

Amount of donation: \$ \_\_\_\_\_ Received by: \_\_\_\_\_

Current owner of dog: \_\_\_\_\_ Date: \_\_\_\_\_

Co-owner (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Rescue agent: \_\_\_\_\_ Date: \_\_\_\_\_

Send your completed application with photo of dog to:

Toller Rescue Incorporated Email: [tollerforms@gmail.com](mailto:tollerforms@gmail.com)

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