New Rattitude
Rat Terrier Rescue

2970 Marlin Circle, Atlanta, GA 30341 • FAX 404-592-8818

ADOPTION RETURN

Today's Date: _____

Dog's Name: _____ New Rattitude ID# _____

Name of New Rattitude member accepting the dog: _____

Veterinarian Records
Please fill out the section below **if the dog has been seen by a veterinarian while in your care**.

Vet/Clinic Name: _____ Phone: _____

Address: _____

Name records are under: _____

Check services provided and indicate most recent date given plus any pertinent notes:

- ☐ Exam Date: _____
- ☐ Rabies Vacc: _____
- ☐ Distemper/Parvo Vaccination Date: _____
- ☐ Bordetella Vaccination: Date: _____
- ☐ Heartworm Test: Date: _____
- ☐ Heartworm Preventative Brand _____ Date _____
- ☐ Flea Preventative Brand _____ Date _____

Food

Brand: _____

Feeding Schedule and amount: _____

_____

Reason for returning the dog: _____

_____

_____

_____

_____

Have you been in contact with the New Rattitude Behavior Modification Team for assistance?
☐ Yes ☐ No

What training or behavior modification have you tried to correct this problem? _____

_____

_____

_____

Anything else about your Rat Terrier not already disclosed above: _____

_____

_____

_____

I,_____ , hereby return the above described dog to New Rattitude, surrendering all ownership rights and responsibilities. I certify that I have disclosed above any known behavioral problems or aggressive propensities and have not willfully concealed information about the dog that might indicate such propensities. The info I have provided about this dog is true and complete.

I understand that I am due no refund or other financial compensation whatsoever associated with the adoption or return of this dog.

I hereby forever release, discharge and agree to hold harmless and indemnify New Rattitude, its Board of Directors, members, officers, and agents from all claims, demands, actions, causes of action, or liability of any kind arising as a result of or in connection with the adoption or other disposition of this dog.

NAME:_____

PHONE:_____ EMAIL: _____

ADDRESS:_____

SIGNATURE: _____ DATE: _____

INSTRUCTIONS: Scan form and send as email attachment to Secretary@NewRattitude.org or mail via USPS to PO Box 14064, Lansing, MI 48901.