

PEKINGESE CHARITABLE PROGRAM, INC. RESCUE PROGRAM – RELEASE  
AGREEMENT

I, the undersigned surrender and transfer my Pekingese(s) to the Representative of the Pekingese Charitable Foundation, Inc. Rescue Program and relinquish ownership of, and all responsibility for, said Pekingese(s), to the rescue program. At no time will I attempt to reclaim said Pekingese(s).

Complete the information requested, including signatures, as indicated below. If registered, please give AKC name and number, and submit AKC registration papers and, whenever possible, the animal's past health history, medical files and/or the name and address of the veterinarian of record.

Pekingese: (if more than one please complete a form for each)

Dogs name: \_\_\_\_\_ Age: \_\_\_ Male: \_\_\_ Female: \_\_\_ Neutered/Spayed: \_\_\_ Color: \_\_\_\_\_

AKC Registered Name: \_\_\_\_\_

AKC Registration Number: \_\_\_\_\_

Describe health condition for which the Pekingese is being treated: \_\_\_\_\_  
\_\_\_\_\_

List any medication that are being administered to this Pekingese: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Hospital Name: \_\_\_\_\_

**Present Owners** Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

**PCT Representative**: Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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