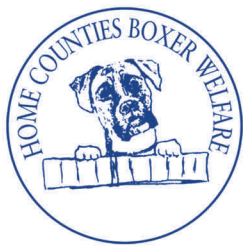


Home Counties Boxer Welfare

Registered Charity No. 1006246



RELINQUISHING FORM 1/2

This is to certify that I am the legal owner of the Boxer Dog / Bitch named And that I have today (date)
 Handed the said boxer Dog / Bitch and all relevant papers (including pedigree) and vaccination certificate into the care of HOME COUNTIES BOXER WELFARE, and I hereby relinquish all claim to the said Boxer Dog / Bitch

Pedigree	Yes / No	Signature Print Name Witness
Vaccination Certificate	Yes / No	
Diet Sheet	Yes / No	
Microchip / Tattoo	Yes / No	
Insured	Yes / No	

Address	Veterinary Surgeon
	Address
Tel. No.	Tel No.

History, Likes, Dislikes etc

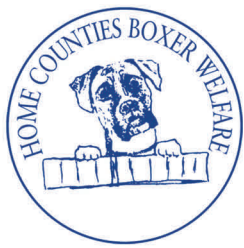
Good with - Children Yes / No Other Dogs Yes / No Cats Yes / No

FOR OFFICIAL USE ONLY

Boxer Rehomed With	Dog / Bitch Colour Age Spayed / Castrated
Date	FOSTERED / KENNELED / STRAIGHT FROM HOME
Home Vetted By	Representative Transporting

Please return completed forms (2 pages) to

Ann Podmore, 89a High Street South, Stewkley, Nr. Leighton Buzzard, Bedfordshire LU7 0HU



“Helping Homeless Boxers Find Loving Homes”



Home Counties Boxer Welfare

Registered Charity No. 1006246

RELINQUISHING FORM 2/2

Under the Dangerous Dogs Act we are obliged to ask the following questions

The giving of wrong or misleading information could make the new owner or yourself liable to prosecution

Dogs Name Dog / Bitch
Colour Age

Has the dog ever bitten ? YES () NO ()

If YES give full details
.....
.....
.....

If NO to the above question please sign the following statement.

I certify that to the best of my knowledge the DOG to which this document refers has not bitten anyone.

Signature Print Name

This information is, to the best of my knowledge and belief, correct.

Signature Date

Print Name

Address
.....
.....