



Helping Boxers in need find loving homes

Home Counties Boxer Welfare

Charity Number 1006246



Relinquishing Form

Dog's Name	
Owner's Name	
Address	
Postcode	
Phone Number	
Dog's DOB (if known) / Age / Colour	
Microchip Number	
Sex	Male / Female
Is the dog neutered?	Yes / No Date neutered:
If entire female, when was her last season? Has she ever been bred from? If yes, please give details	Yes / No
If entire male, has he ever been used for stud? If yes, please give details	Yes / No
Are the dog's vaccinations up to date?	Yes / No Booster due:
Please give details of last flea and worming treatment	
Does the dog suffer from any on-going medical condition? If yes, please give details	Yes / No
Is the dog on any medication? If yes, please give details	Yes / No
Name and Address of current Veterinary Practice	
Please say why you wish to re-home your dog?	

About the dog

Is the dog house-trained?	Yes / No
Where does the dog normally sleep?	
What do you normally feed the dog? How often?	
Is the dog used to living with children? If yes, please give details	Yes / No
Is the dog used to living with other dogs? If yes, please give details	Yes / No
Is the dog used to living with cats?	Yes / No
Is the dog used to being left alone? If yes, for how long?	Yes / No
Has the dog ever been destructive? If yes, please give details	Yes / No
Is the dog used to travelling in a car?	Yes / No
Has the dog ever been to training classes? What instructions does the dog know?	Yes / No
How does the dog react when being walked on a lead?	To other dogs: To people:
How does the dog react to livestock?	
How does the dog react to strangers in the house?	
Has the dog ever shown any signs of aggression in the home? If yes, please give details	Yes / No
Has the dog ever shown any signs of aggression away from home? If yes, please give details	Yes / No
Has the dog ever bitten anyone? If yes, please give details	Yes / No

Please give any further information which may be helpful to a future owner

In compliance with GDPR legislation 2018, by signing this form you acknowledge that you are happy for HCBW to hold your details for their own future use. HCBW will never give your details to a third party without first contacting you. Your details are held on a secure online system in accordance with our Data Protection policy, details on the website. If you do not want us to hold your details, you can opt out by emailing enquiries@hcbw.org.uk

I hereby declare that I am the legal owner of the Boxer named and that the information I have provided on this form is correct, to the best of my knowledge.

I have today handed over the named Boxer into the care of Home Counties Boxer Welfare, and thereby relinquish all claim to the said Boxer. All relevant papers, including vaccination certificate, have also been handed to HCBW.

Signed Print Name

Date

HCBW rely on donations to continue our work helping Boxers in need to find loving homes. If you would like to make a donation to our charity, please either donate via our website, or you can transfer directly to our bank account:

Account name: HCBW
Sort code: 20-52-74
Account No. 50488976

Alternatively, you can send a cheque to:

HCBW Treasurer
Lorraine Harvey
27 Leam Terrace
Leamington Spa
Warwickshire
CV31 1BQ

Received into care of HCBW:

Vaccination card		Pedigree certificate	
Microchip form		Medication	

Signed for HCBW Print Name

Date