



ATRA Airedale Terrier Rescue and Adoption, Inc.

1123 Vesper Road, Ann Arbor, MI 48103

www.aire-rescue.com

RESCUE NUMBER

Rescue Release Form

____ - ____ - ____

Name _____ Telephone _____

Address _____

City _____ State _____ Zip _____

Reason for giving up Airedale _____

Name of Airedale _____ [] M [] F [] Spayed / Neutered

Birth Date _____ How long has Airedale lived with you _____

5 [] Y [] N Type of chip _____ Chip # _____

Airedale is (check all that apply):

<input type="checkbox"/> Inside dog	<input type="checkbox"/> Outside dog	<input type="checkbox"/> Chained outside	<input type="checkbox"/> Fenced yard
<input type="checkbox"/> Dog run	<input type="checkbox"/> Runs loose	<input type="checkbox"/> Crate trained	<input type="checkbox"/> Housebroken
<input type="checkbox"/> Mean dog	<input type="checkbox"/> Sweet dog	<input type="checkbox"/> Timid	<input type="checkbox"/> Aggressive
<input type="checkbox"/> Loves cats	<input type="checkbox"/> Hates cats	<input type="checkbox"/> Loves other dogs	<input type="checkbox"/> Hates other dogs
<input type="checkbox"/> Picky eater	<input type="checkbox"/> Eats anything	<input type="checkbox"/> Likes grooming	<input type="checkbox"/> Hates grooming
<input type="checkbox"/> Rides good in car	<input type="checkbox"/> Rides bad in car	<input type="checkbox"/> Runner	<input type="checkbox"/> Walks off lead

What bad habits does Airedale exhibit _____

What are Airedale's best qualities _____

What training has Airedale had _____

Has Airedale ever bitten anyone [] Y [] N If yes, how severe _____

If yes, under what circumstances _____

Veterinarian Name _____ Telephone _____

Address _____

City _____ State _____ Zip _____

Date of last: DHLP-P _____ Fecal exam _____ [] Negative [] Positive

Rabies _____ Heartworm test _____ [] Negative [] Positive

Current medications: Heartworm _____ Other _____

Any health problems _____

I, the undersigned, certify ownership of the Airedale described above. I certify that this Airedale has not bitten any person or animal within 15 days, and has not been exposed to rabies. I give complete ownership of the Airedale to Airedale Terrier Rescue and Adoption, Inc. (ATRA), releasing its representatives from all liabilities of said Airedale.

Signed _____ Date _____

Print Name _____ ATRA Representative _____