

# Southern States Mastiff Rescue

AL, FL, GA, MS, NC, SC, TN, VA  
[WWW.SOSMASTIFFRESCUE.ORG](http://WWW.SOSMASTIFFRESCUE.ORG)

Fax to 770-592-7363 or scan & email to [jbowers@iconengineering.net](mailto:jbowers@iconengineering.net) as soon as possible  
Mail Original to State Coordinator

SSMR Mastiff ID # \_\_\_\_\_

## OWNER RELEASE FORM—Owner must sign this document

I \_\_\_\_\_ am the legal owner of the Mastiff named

\_\_\_\_\_ described below and I surrender all claim of ownership of this Mastiff to the Southern States Mastiff Rescue (SSMR) without recourse. I understand that all possible attempts will be made to place the Mastiff into a loving home as a pet where the Mastiff will be well cared for. Otherwise, the SSMR Trustees will decide what action will be taken with the Mastiff. If I have misrepresented either the health or the temperament of this animal, SSMR is not required to accept this animal into rescue and I will be required to pay for any medical, legal or other costs associated with disposition of the animal.

I certify that my dog is not aggressive and it has never bitten. If my dog has had an aggressive or bite history toward either human or animal and I do not inform SSMR of the aggressive behavior or bite history and the dog is adopted causing injury due to aggressive behavior or bite, I understand that I will be held personally responsible for any and all injuries incurred. I agree to indemnify and hold harmless SSMR for any damages incurred by SSMR as a result of my dog's behavior due to any written or oral misrepresentations made by me regarding this animal. I certify that the representations made by me are true, accurate and complete to the best of my knowledge.

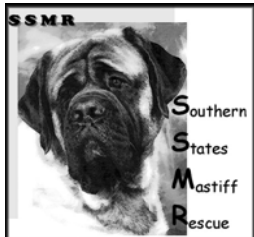
I represent I am the only legal owner of this animal. I understand that by signing this document, I represent that I have read and agree to all the terms set forth in this document.

### Check all that apply:

- \_\_\_\_\_ I have never possessed AKC papers on the above named Mastiff and it is unregistered.
- \_\_\_\_\_ The above named Mastiff is registered and I am surrendering the AKC papers with the Mastiff.
- \_\_\_\_\_ The above named Mastiff is licensed this year and I am surrendering its license tags and its rabies tag/certificate.
- \_\_\_\_\_ If the above named Mastiff is tattooed and registered with a National Registry, I will surrender the necessary paperwork for that Registry.  
Registry Name \_\_\_\_\_ Phone # \_\_\_\_\_
- \_\_\_\_\_ I will make a voluntary contribution of \$ \_\_\_\_\_ to assist in the care and placement of the above named Mastiff.

\_\_\_\_\_ (name of dog) has no history of aggressive behavior involving biting and has never bitten any person.

Initial here \_\_\_\_\_



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Owner Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Fax \_\_\_\_\_

Owner Name (Printed) \_\_\_\_\_



Owner Signature \_\_\_\_\_

Date \_\_\_\_\_

Breeder or Kennel Name (if known) \_\_\_\_\_

Have you contacted the Breeder or Kennel? Yes \_\_\_\_\_ No \_\_\_\_\_ Result \_\_\_\_\_

Mastiff's Call Name \_\_\_\_\_ Color \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Altered at time of release? Yes \_\_\_\_\_ No \_\_\_\_\_

Mastiff's Date of Birth or Approximate Age \_\_\_\_\_ License # \_\_\_\_\_

Rabies tag/certificate # \_\_\_\_\_ Microchip/tattoo \_\_\_\_\_

Veterinarian Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

Date of last rabies inoculation: \_\_\_\_\_ Are other inoculations current? \_\_\_\_\_  
Date given: \_\_\_\_\_

Has the Mastiff been on Heartworm preventative? Yes \_\_\_\_\_ No \_\_\_\_\_ What Brand? \_\_\_\_\_

Date last given \_\_\_\_\_

Reason for Release? \_\_\_\_\_

Other information that might be beneficial in placing the Mastiff.  
\_\_\_\_\_  
\_\_\_\_\_





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### SSMR Use Only:

### Description of Released Mastiff

Name \_\_\_\_\_ Dog \_\_\_ Bitch \_\_\_\_\_ Release Date \_\_\_\_\_

Mastiff Call Name: \_\_\_\_\_

Altered at time of release \_\_\_\_\_

Color \_\_\_\_\_ Approx. Age \_\_\_\_\_ Approx. Weight \_\_\_\_\_ Height \_\_\_\_\_

Identifying marks? \_\_\_\_\_ Microchip/Tattoo \_\_\_\_\_

Special needs or instructions \_\_\_\_\_

\_\_\_\_\_  
Volunteer Name (Printed)  Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of State Coordinator \_\_\_\_\_ Date accepted \_\_\_\_\_