



Bichon Frise Rescue of Northern New Jersey (BFRNNJ)

Division of the Bichon Frise Club of Northern New Jersey

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Website: www.BichonRescueNJ.com

Bichon Frise Release Application

Date: _____

Name of Relinquishing Owner: _____

Street Address of Owner: _____

City, State Zip Code: _____

Telephone No. _____ E-mail: _____

Name of Dog: _____ Age: _____ Date of Birth _____ Sex: _____ Weight: _____

Please text photos of the dog to 201-819-2411 or email them to njbichonrescue@yahoo.com

To you best of knowledge, is your Bichon:

	Yes	No	Unknown
Ever bitten anyone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vet checked this year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housebroken?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spayed or neutered?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaccinated?			
-Rabies *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-Bordatella*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-DHPP*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Please supply proof of dates of vaccinations.			
On heartworm preventative?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type: _____			
On Flea preventative?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type _____			
Allergic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendly with other dogs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendly with cats?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendly with other small animals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good with young children? (age 6 & under)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good with older children? (age 7 & under)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crate trained?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Microchipped?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teeth cleaned?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special Needs? *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Explain: _____

Describe any medication currently being taken, special diet, behavioral problems, etc.

What does the Bichon eat and give daily living habits?

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Describe the temperament of the bichon. (Rescue coordinator may enter any comments on behavior exhibited at time of release) _____

VET INFO.

Name & contact information of Veterinarian. Please include medical records if possible. (Your name will be kept confidential from the new Owner). By signing this Release you give us permission to contact the above veterinarian for inquiries on health and to obtain records. Please **CONTACT** your vet to give them notice to release this info to us.

Name of Vet: _____

Vet Address: _____

Vet Telephone number: _____

MICROCHIP INFO.

Is your Pet Microchipped? If so please fill out the following.

Microchip number: _____

Registry that your pet is registered under: Home Again AKC-CAR OTHER _____

Please state the reason for surrendering the dog: _____

Any additional information: _____

*IF POSSIBLE, PLEASE FURNISH ANY DOG ITEMS THAT WOULD MAKE THE TRANSITION EASIER, SUCH AS; FOOD, BOWLS, BED, TOYS, COATS, FLEA PREVENTATIVE, HEARTWORM MEDICATION.

TERMS FOR RELEASE:

I do hereby certify that:

-I am the Owner or legal guardian of the bichon being released for adoption to BFNNJ and all Owners and members of household agree to release and surrender ownership of the Bichon to BFRNNJ .

-I did not receive any money for the above referenced bichon from BFCNNJ.

-All health, temperament & care information given to the rescue coordinator is to the best of my belief & knowledge.

-The bichon being released does not have any serious or undisclosed health issues/conditions. BFRNNJ has permission to check veterinarian health records. If the above dog is found to have an undisclosed health issue that was purposely withheld from BFRNNJ, the surrendering Owner agrees to take the bichon back into their care.

*-The Bichon being released is not a biter and/or does not display aggressive or vicious behavior. _____ (initial)

Today's Date: _____ Signature of Owner releasing the dog: _____

Signature of rescue coordinator for BFRNNJ: Melanie J. Pellegrina - (Melanie J Pellegrino)

**We suggest that a small donation (tax deductible) be made to Bichon Rescue of NNJ to help support all the work the Rescue does. Many Bichons need extensive vetting (teeth cleaning, bladder stone surgery, eye care, knees). We solely survive on the donations from adoption fees and donations.*