



Southern States Mastiff Rescue

AL, FL, GA, MS, NC, SC, TN, VA
WWW.SOSMASTIFFRESCUE.ORG

When signed fax to 770-592-7363 within 24 hours
Mail Original to Cindy Furr 6110 Zelma Rd Lutz, FL 33558

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 _____

Other information that might be beneficial in placing the Mastiff.

SSMR Use Only:

Description of Released Mastiff

Name _____ Dog ___ Bitch _____

Mastiff Call Name: _____

Color _____ Approx. Age _____ Approx. Weight _____ Height _____

Spayed _____ Neutered _____ Date (if known) _____

Identifying marks? _____ Microchip/Tattoo _____

Special needs or instructions _____

_____ Volunteer Name (Printed) _____ Volunteer Signature _____ Date _____

_____ Owner Name (Printed) _____ Owner Signature _____ Date _____

Volunteer's Phone # _____ Volunteer's Email Address _____

_____ Signature of State Coordinator _____ Date _____

Additional Comments: _____



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SSMR Mastiff ID # _____

OWNER RELEASE FORM

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.

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.

To the best of my knowledge and belief _____ (name of dog) has no history of aggressive behavior involving biting and has never bitten any person. Initial here _____



Name _____

Address _____ City, State, Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____ Fax _____

Breeder or Kennel Name (if known) _____

Have you contacted the Breeder or Kennel? Yes _____ No _____ Result _____

Mastiff's Call Name _____ Color _____ Male _____ Female _____

Mastiff's Date of Birth or Approximate Age _____ License # _____

Rabies tag/certificate # _____ Microchip/tattoo _____