Alaskan Malamute Rescue Of South East Michigan

malamuterescue@hotmail.com

RELEASE OF OWNERSHIP

It is understood that AMRSEM does not buy or pay for dogs. The fees described below are strictly used to offset the expenses incurred by AMRSEM to advertise the availability of the dog or to assist the owner(s) in finding a suitable home for the dog.

The owner(s) shall pay:

1. A surrender fee of $50 if the dog's present owner(s) can no longer keep the dog. This is permitted only under special circumstances,

-- OR --

2. A minimum donation of $25 if the owner(s) are in need of advice for helping them find a suitable home for their dog and are not surrendering a dog to AMRSEM. This will cover the cost of advertising the availability of the dog and providing time and materials to assist the owner(s).

I, _____, hereby transfer complete ownership of the Alaskan Malamute known as _____ (age _____, sex _____) to Alaskan Malamute Rescue or South East Michigan (hereinafter referred to as AMRSEM). I am giving this dog to AMRSEM knowing that they will place this dog in an adoptive home. I certify that I am the sole, rightful owner of this dog, free and clear of all interests. I certify that all the information I have given to AMRSEM is true and complete and I have not willfully concealed any information about this dog. I hereby forever release, discharge and agree to hold harmless and indemnify AMRSEM and its agents from all claims, demands, actions causes of action, or liability of any kind whatsoever arising as a result of or in connection with the adoption or other disposition of the above named dog.

Initial only one:

_____ I allow AMRSEM to release my name and phone number to the new owner(s).

_____ I DO NOT allow AMRSEM to release my name and phone number to the new owner(s).

Signature of Owner:	**Signature of Co-Owner(s):**
_____	_____
Name of Owner:	**Name of Co-Owner(s):**
_____	_____
Date Signed:	**Date Signed:**
_____	_____
Address:	**Address:**
_____	_____
City, State, Zip:	**City, State, Zip:**
_____	_____
Home Phone:	**Home Phone:**
_____	_____
Work Phone:	**Work Phone:**
_____	_____

Signature of Witness or AMRSEM Representative: _____

Name of Witness or AMRSEM Representative: _____

Date Signed: _____

We reserve the right to refuse or deny any application