



North Carolina Airedale Rescue

6001 Thistle Trace, Greensboro, NC 27410

www.nc-airedalerescue.com

RESCUE NUMBER

____ - ____ - ____

Rescue Release Form

Name _____ Telephone ____/____/____

Address _____

City _____ State _____ Zip _____

AIREDALE INFORMATION

Name of Airedale _____ [] M [] F [] spayed / neutered, date if known ____/____/____

Birth Date ____ - ____ - ____

Microchip: Brand _____ Number _____

MEDICAL

Veterinarian Name _____ Telephone _____

Address _____

City _____ State _____ Zip _____

Date of last... DHLP-P ____ - ____ - ____ Fecal exam ____ - ____ - ____ [] negative [] positive

Rabies ____ - ____ - ____ Heartworm test ____ - ____ - ____ [] negative [] positive

Bordatella ____ - ____ - ____

Current medications: Heartworm preventative _____ Last dose given (date) ____/____/____

Flea preventative _____ Last dose given (date) ____/____/____

Other _____ Dose _____ Last dose given (date) ____/____/____

Other _____ Dose _____ Last dose given (date) ____/____/____

Please contact your vet to authorize them to release information to NCAR about the Airedale listed above.

SOAR is an all-volunteer organization that exists because of donations from our supporters. It is not necessary to make a donation to surrender an Airedale, but if you are able to make a donation, it would be very much appreciated. Make checks out to "NCAR" and send them to:

NCAR
6001 Thistle Trace
Greensboro, NC 27410

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 North Carolina Airedale Rescue (NCAR), releasing its representatives from all liabilities of said Airedale.

Signed _____ Date _____

NCAR Representative _____