



White Swiss Shepherd  
Dog Club of Australia inc.

# White Swiss Shepherd Dog Club of Australia Inc. A0043538A

## ***Rehoming Surrender Agreement Form***

*The White Swiss Shepherd Dog Club of Australia Inc. acts as a REFERRAL point for people wishing to rehome an adult dog and for people offering a home to an adult dog. In the majority of cases the Club has not seen the dog, knows little of its background and give no warranty as to its suitability for rehoming, its health status, vaccination status or its temperament. The Club simply acts as a point of contact.*

*There are no fees charged for this service as the Club's ethos is to prevent the White Swiss Shepherd breed from being surrendered to the pound or sold/given away via classifieds. However under no circumstances does the White Swiss Shepherd Dog Club of Australia Inc. offer any warranty or guarantee with these dogs.*

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (M) \_\_\_\_\_ Email: \_\_\_\_\_

### Details of the Dog for Re Homing

Dogs Pedigree Name: \_\_\_\_\_

Dogs Pet Name: \_\_\_\_\_

Sex: M / F Age: \_\_\_\_\_ Colour: \_\_\_\_\_

Date Last Vaccinated: \_\_\_\_\_ Date Last Wormed: \_\_\_\_\_

Spayed/Neutered: Y / N Microchip number: \_\_\_\_\_

Why do you need to rehome your dog?  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the name, address and contact details of your current Veterinary Clinic.  
\_\_\_\_\_  
\_\_\_\_\_

Does your dog have any current medical conditions (eg eczema, arthritis, etc)?  
\_\_\_\_\_

Has your dog had any medical conditions in the past?  
\_\_\_\_\_

Is your dog accustomed to children? If yes, what age range?  
\_\_\_\_\_

Are there any other dogs/pets at home?

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How does your dog react around other dogs eg when out walking?

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How would you describe your dog's temperament - eg outgoing, timid, confident, excitable?

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Is your dog used to traveling in the car?

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What else would you like to tell us about your dog?

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I/We declare that all the information provided above is true and correct.

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_

Submit this form to [rehome.wssdca@gmail.com](mailto:rehome.wssdca@gmail.com)

or

Post to: WSSDCA Rehoming  
PO Box 240 ACACIA RIDGE 4110

Include a photo if possible.

**If you have any queries contact [rehome.wssdca@gmail.com](mailto:rehome.wssdca@gmail.com)**