



**Vizsla Club of  
Northern California**

**Rescue Operations**

**2063 Main St.**

**Oakley, CA 94561**

**(510) 223-2313 rescue@vcnc.net**

## **BILL OF TRANSFER - VIZSLA**

I HEREBY GIVE AND RELINQUISH TO Vizsla Club of Northern California, Inc. Rescue Committee one male \_\_\_\_ female \_\_\_\_ Vizsla which has \_\_\_\_ has not \_\_\_\_ been altered. (If the Vizsla has not been altered, it must be altered before being placed in a new home).

Vizsla's Name \_\_\_\_\_

Birth date / Age \_\_\_\_\_

Date of last: DHLPP \_\_\_\_\_ Rabies: \_\_\_\_\_ Next Due: \_\_\_\_\_

Has your Vizsla been tested for heartworm? \_\_\_\_\_

Were the results negative? \_\_\_\_\_

Is your Vizsla presently taking a heartworm preventative? \_\_\_\_\_

What day of the month? \_\_\_\_\_

If your Vizsla needs immunizations updated or a heartworm test, would you be willing to have that done before the dog is adopted? Yes \_\_\_\_ No \_\_\_\_

Dog's primary veterinarian: Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

This Vizsla has the following known physical, medical and/or temperament problem(s):

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I (we) declare that I (we) am (are) the legal and sole owner(s) and that there are no encumbrances to my (our) title to this Vizsla. I (we) give permission for the Vizsla Club of Northern California, Inc. to obtain records on the above named Vizsla from the dog's veterinarian.

I (we) agree to hold VCNC Rescue harmless of any legal actions or questions of any kind that could occur from the information provided by me in this Consent to Release.

I (we) understand that there will be no monetary compensation to me (us) for this Vizsla. The donation from the new owner will go to the VCNC Rescue Fund. I acknowledge that I have truthfully completed this Bill of Transfer and Profile to the best of my ability and knowledge and that I am releasing my Vizsla to VCNC Rescue.

Signed (owner) \_\_\_\_\_ Date \_\_\_\_\_

Signed (co-owner) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone number \_\_\_\_\_ E-Mail \_\_\_\_\_

PLEASE MAIL THIS SIGNED FORM ALONG WITH COPIES OF YOUR VIZSLA'S MEDICAL RECORDS AND A PICTURE OF YOUR VIZSLA TO:

VCNC Rescue Operations  
2063 Main St.  
Oakley, CA 94561

or

E-mail the form to [surrender@vcnc.net](mailto:surrender@vcnc.net)

or

Fax to (925) 625-4358