

## *TOLLER RESCUE* Inc.

### RETURN TO RESCUE POLICY

**POLICY:** There will be a procedure to follow in the event that a Toller placed by TRI is returned to the program.

**PROCEDURE:**

RESPONSIBILITY	ACTION (in chronological order)
Adopter	1. Notifies TRI that the dog is being returned
Adopter	2. Completes and sends Return to Rescue form (Attachment #1 of this policy)
TRI Volunteer (as determined by BOD)	3. Receives dog and Return to Rescue form
TRI Volunteer	4. Works with Rescue Coordinator and BOD to take whatever emergency actions, if any that may be required (e.g., care of the dog if sick)
BOD	5. Determines if dog is suitable for re-adoption
TRI Volunteer	6. Works with RC to locate a foster home
BOD	7. Assures that any issues related to the dog are resolved to the extent possible
BOD	8. Oversees the resuming of the adoptive process for the dog, or alternative disposition.

Date: 12/04/2018

Updated:

ATTACHMENT #1 to RETURN TO RESCUE POLICY

***TOLLER RESCUE* Inc.**

**Return to TRI document**

I, \_\_\_\_\_ am the adopter of the rescue Toller named  
\_\_\_\_\_ described below and I surrender all claim of  
ownership of this dog to the NSDRTC-USA rescue program without recourse. I  
am returning this dog to TRI for the following reason(s):

\_\_\_ I am no longer able to care for the dog.

\_\_\_ I am moving/have moved and am unable to accommodate the dog in my new  
home.

\_\_\_ The dog and I have not bonded.

\_\_\_ The dog requires more care than I had expected.

\_\_\_ There are aspects of the dog's behavior I do not like. (Please give detailed  
information)

\_\_\_ The dog has bitten another dog (Please give detailed information)

\_\_\_ The dog has bitten a person (Please give detailed information)

\_\_\_ The dog is sick. (Please give detailed information)

\_\_\_ The dog does not get along with my family, friends or other pets (Please give  
detailed information)

\_\_\_\_\_ (signature of adopter  
returning Toller)

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Toller's Call Name: \_\_\_\_\_

Color: \_\_\_\_\_ Dog \_\_\_\_\_ Bitch \_\_\_\_\_

Date of birth if known: \_\_\_\_\_

Neutered \_\_\_\_\_ Spayed \_\_\_\_\_

AKC/CKC/UKC registration No. \_\_\_\_\_

License Number: \_\_\_\_\_ Rabies Tag Number \_\_\_\_\_

Microchip/Tattoo \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Address and Phone: \_\_\_\_\_

Date of Rabies Inoculation: \_\_\_\_\_

Other inoculations given:  
\_\_\_\_\_

Date given: \_\_\_\_\_

Are other Inoculations current? \_\_\_\_\_

Heartworm Preventative Brand given and date last

Given: \_\_\_\_\_

Other information which might be helpful in re-homing the Toller:

\_\_\_\_\_  
\_\_\_\_\_

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By signing below, I agree to surrender all ownership and rights of the above  
Toller to the Toller Rescue, Inc. program

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Rescue Volunteer

Date

Owner's Signature

Date

Volunteer' name printed

Owner's Name Printed

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Volunteer's Phone No

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Volunteer's email address

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Rescue Coordinator

Date