



## CONTACT INFORMATION RELEASE FORM

CONTACT NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BREEDER NAME: \_\_\_\_\_

LITTER LETTER: \_\_\_\_\_ DOB: \_\_\_\_\_

NOTE TO PUPPY RAISERS:

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BREEDER NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ STAFF INITIAL: \_\_\_\_\_

I am authorizing CCI to release my contact information to volunteers associated with this litter. I am aware that I am signing a release of liability and sign it of my own free will. I understand that providing my contact information does not guarantee that I will receive updates about the CCI litter of puppies and that I will not contact CCI staff to seek out information.

*To the best of my knowledge, the above information is true and accurate. By submitting this release electronically, I agree that entering my name in the signature field has the same effect as if I signed a hard copy of this release.*  I agree\*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_