

Incoming Dog Profile

Owner Information:

Name of Caller _____

Address _____

Home Phone _____ Cell Phone: _____

Email Address _____

Do you have legal authority to surrender the dog? Yes No

Do you own the dog? Yes No

Is there a co-owner? Yes No If yes, who? _____

Will this co-owner sign off legal rights to the dog? Yes No

Dog and Household Information

1. Dog's name _____ 2. Sex Male Female

3. Age years _____ months _____

4. Breed _____ 5. How long have you had this dog? _____

6. Is the dog spayed or neutered?

Yes No

7. Your relationship to dog?

Owner Friend/caretaker Foster owner Other _____

8. Where did you get this dog?

This shelter Friend/relative Newspaper/website Found/stray Breeder Pet Store Other shelter/rescue (Please write name) _____

Other (Please describe) _____

a) Do you have a contract that the dog must be returned to the original owner? Yes No

b) Have you contacted them? Yes No

c) Will the original source take the dog back? Yes No

9. Why are you surrendering this dog? _____

10. Including yourself, how many people of the following ages live in your house? Please fill in the boxes.

Age range (years)	Female	Male
0-3		
4-9		

10-17		
18-29		
30-59		
60+		

11. What other animals did your dog live with?

- No other animals in household
 Dogs
 Cats
 Other (Please describe)

Typical Behavior

(Your dog's **usual** behavior)

12. How does your dog usually behave toward the following? Please check the boxes.

	Never encounter	Friendly	Afraid	Shows teeth/growls	Snaps	Bites	None of these
<i>People your dog knows</i>							
Men							
Women							
Children							
<i>Unfamiliar people</i>							
Men							
Women							
Children							
<i>Animals your dog knows</i>							
Dogs							
Cats							
<i>Unfamiliar animals</i>							
Dogs							
Cats							



13. Does your dog usually uncontrollably chase or attempt to chase any of the following? Please check all that apply.

- Joggers
 Bicycles
 Skateboarders/roller bladers
 Cars/motorcycles
 Outdoor cats
 Squirrels or other small animals
 Birds
 Doesn't chase
 Other (Please describe) -----

14. How does your dog usually react when you or another family member does the following?

Please check the boxes.

	<i>Never tried</i>	<i>Enjoys</i>	<i>Allows</i>	<i>Afraid</i>	<i>Shows teeth/growls</i>	<i>Snaps</i>	<i>Bites</i>	<i>None of these</i>
<i>Bathe</i>								
<i>Brush</i>								
<i>Wipe feet</i>								

15. How does your dog usually react when an unfamiliar person approaches or enters the yard or house?

- Friendly* *Afraid* *Barks* *Shows teeth/growls* *Snaps* *Bites* *None of these*

16. Do you take your dog out to go to the bathroom?

- Yes (Please specify how many times per day) _____* *No/paper trained*

17. Does your dog usually have “accidents” in the house?

- Yes (Please specify how many times per day) _____* *No*

18. Where does your dog spend most of his/her time?

Inside the house, runs free *Inside the house, in cage* *Outside the house, runs free in the neighborhood*

Outside the house, in cage *Outside the house, tied* *Outside the house, runs free in the yard*

Other (Please describe) _____

19. How long is your dog left alone per day, without people?

- Never* *1-3 hours* *4-8 hours* *9-12 hours* *Over 12 hours*

20. When your dog is left alone, is he/she...

- Outdoors* *Free in home* *Confined to a room* *In a cage* *Other (Please describe)*



21. When left alone, does your dog usually show any of the following behaviors? Please check all that apply.

- Destroy household items* *Urinate/defecate* *Bark* *Cry* *None of these*

22. If your dog destroys household items when they are left alone, what does your dog typically destroy?

Shoes, trash, toys, clothing *Window frames, door frames, blinds, carpet near exit/entrance points*

Other items, (please describe) _____

23. When you are home, does your dog usually show any of the following behaviors? Please check all that apply.

- Destroy household items* *Urinate/defecate* *Bark* *Cry* *None of these*

24. When your dog plays, does he/she typically... *Please check all that apply.*

- Jumps Growls Barks Bites lightly Bites hard None of these

25. What toys does your dog like?

- Balls Frisbee Plush Squeaky Tug toy None Other (Please describe)

26. What games does your dog like?

- Fetch Tug Chase Wrestling None Other (Please describe)

27. Is your dog scared of anything?

- Yes (Please describe) -----
 No

28. Please tell us your dog's "bad habits" -----

29. Is your dog allowed on furniture? Yes No

30. Where does your dog usually sleep overnight?

- Cage Floor Dog bed Couch Owner's bed Other (Please describe)

31. What commands does your dog know?

- No commands known Sit Stay Down Come Heel Give paw/shake
 Other (Please describe) -----

32. Has your dog attended any obedience training classes? Yes No

33. How do you exercise your dog?

- Backyard (Free Roam/Fenced Yard/Tie-Out [circle answer]) Walks/Hikes Dog Park
Dog Sports Day Care Never Other (Please describe) -----

34. How often do you exercise your dog?

- Daily Few times a week Never Other (Please describe) -----

35. Does your dog have problems riding in the car?

- Yes (Please describe) -----
 No Don't know

 **36. Has your dog escaped your property 2 or more times in the last 6 months?**

- Yes (Please describe) -----
 No

Aggressive Behavior

(Behavior that has *ever* happened)



37. Is there any report of your dog ever inflicting a serious bite to a person (such as an attack or bite requiring hospitalization)?

- Yes No Don't know

38. Has your dog ever attacked another dog resulting in severe injury or death to the other dog?

- Yes No Don't know

39. Has your dog ever attacked another domesticated animal species (cat or livestock but not "small pets" like hamsters, guinea pigs, etc.) resulting in severe injury or death to the other domesticated animal?

- Yes No Don't know

40. Please check the appropriate box if your dog has ever shown any of the following aggressive behaviors toward men, women, children, dogs, or another domesticated animal species (cats or livestock, not "small pets" like hamsters, guinea pigs, etc.) Do not include aggressive behaviors directed toward a veterinarian or groomer.

	<i>Show teeth/growl</i>	<i>Snap</i>	<i>Bite</i>	<i>None of these</i>	<i>Don't know</i>
<i>Men</i>					
<i>Women</i>					
<i>Children</i>					
<i>Dogs</i>					
<i>Other domesticated animal species (cat, livestock, etc.)</i>					

41. If a snap or bite to men or women was checked, did the snap or bite to adult take place while breaking up a dog fight or while a dog was in severe pain? Yes No

42. If a snap or bite to children was checked, did the snap or bite to a child take place while breaking up a dog fight or while a dog was in severe pain? Yes No

43. Please explain the circumstances of the snap or bite. If you checked more than one bite in the table above, please explain the circumstances of every snap or bite.

44. If any aggressive behavior to men, women, or children was checked in the table above, please answer the following questions. If does not apply, skip the table.

	<i>Men</i>		<i>Women</i>		<i>Children</i>	
	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Was the aggressive behavior over food?</i>						
<i>Was it over bones or rawhides or chews?</i>						
<i>Was it over toys?</i>						
<i>Was it over stolen objects?</i>						
<i>Was it when the dog was disturbed while sleeping or resting?</i>						
<i>Was it when an adult or child handled the dog</i>						

<i>(brushing, handling feet, bathing, teeth brushing, ear cleaning, etc. but do NOT include reaction to vet or groomer)?</i>						
<i>Was it when an adult or child entered the house or yard?</i>						
<i>Was it when an adult or child approached or reached toward the dog?</i>						

Medical History

45. Name of veterinary clinic your dog has been to: _____

46. Person's first and last name on the account at the vet's office:

47. When was the last time your dog was seen by a vet? _____

48. Please list any type of flea prevention your dog has received _____

49. Date last flea prevention was given _____

50. Please list the most recent brand of heartworm prevention given to your dog

51. Date last heartworm prevention given _____

52. Is your dog microchipped? No Yes *(Please list name of company)*



53. Check if your dog has ever shown any of the following aggressive behaviors when handled by a veterinarian or groomer.

	<i>Never done</i>	<i>Show teeth/growl</i>	<i>Snap</i>	<i>Bite</i>	<i>None of these</i>
<i>Examine (including heart and ears)</i>					
<i>Restrain</i>					
<i>Administer shots</i>					
<i>Trim nails</i>					
<i>Take blood</i>					

54. Does your dog have to be muzzled at the veterinarian? Yes No

55. Does your dog have any past or present medical conditions?

Yes *(Please describe)* _____

No

56. Is your dog currently on any medication or special diet?

Yes *(Please describe)* _____

No

57. What type of food does your dog eat? Please check all that apply.

Dry (Please list brand) _____ Wet/canned (Please list brand) _____ Table

scraps

Please feel free to tell us any additional helpful comments.

Can you keep the dog until a foster home is found? Yes No

Is this an emergency? Yes No Is the dog safe? Yes No

Do you have access to www.westierescue-mi.com ? Yes No

Can you find the paperwork section and fill out the surrender information/Limitations Contract?
Yes No

Are you sure you want to surrender the dog? Yes No

___ I will notify you when and where to transport the dog for surrender.

___ We request a minimum of a \$25.00 donation to the rescue to defray the costs of placing and caring for your dog.

___ We request that you provide the following: Any and all vet records and vaccine records (if you do not have these, please go to the vet and obtain a copy), any medications the dog currently takes, any microchip information, a dog license, a collar and leash, dog bowls, at least 20 cups of dog food the dog is currently eating, any toys the dog plays with, and any bed or crate that is clean, and any registration papers. (Please see the surrender paperwork for further detail).

__We also request that the dog does not have any fleas at the time of the surrender. If there is a chance the dog has fleas, please bathe the dog and put Frontline Plus on the dog prior to surrender.

At this time is there a chance your dog has fleas, parasites or another contagious disease that would make other dogs in the foster home sick? Yes No If yes, what?

_____ **Please treat the dog for** _____ **with**

_____.