



Westie Rescue

Dog Intake Information



NOTE: The more information we receive the better chance this dog has of obtaining a good home and making a successful transition.

Dog Call Name: _____ **AKC Name:** _____ **AKC #:** _____
Sex: M F **Neutered:** Yes No (last heat _____) **Birth Date:** _____ **AKC Papers Received:** Yes No
Surrender: Date- _____ Location- _____ **Surrender Form Signed?** Yes No
Owner acquired dog from: _____ **Prior Owners?** No / Yes (name _____)
Reason for Giving Up Dog:

Medical: **Record Provided- Yes (No -date when will give to rescue _____)**
 Please Fill In Blanks With Dates When Shots Were Given or Test/Procedure Was Done

Rabies (type? 1 / 3 yr) _____ **DHLPP** _____ **Lyme Disease** _____ **Corona Virus** _____
Heartworm Test Negative? Yes No- (if no, type treatment _____ Date _____)
Preventative Name _____ **Given:** 1) Year Round OR Seasonal ? 2) Monthly OR Daily ?
Fecal Negative? Yes No (if no, type treatment _____ Date of treatment _____)
Medical Conditions and Treatment _____
Allergies- No Yes, to _____
Medications (type, schedule & last given) _____
Veterinarian- Name _____ Address _____ Phone _____

Grooming:
By whom _____ **Last Date Groomed-** _____
Reaction to Grooming- (circle one) Enjoys It Calm Little Nervous Scared Terrified

General Information:
Food- Brand & Type _____ **Treats** _____
Feeding Time(s) _____ A.M. _____ P.M. **Amount in** _____ A.M. _____ P.M.
Potty Schedule (approx.) _____ A.M. _____ P.M.
Home Alone Hours (normal work day): from _____ A.M. to _____ P.M. **Left where?** _____
Home Alone Weekends: total number of hours _____ **Left where?** _____
Sleeping Habits- owner's bed (or dog bed / or _____ -Where in house? _____)
House Trained? Yes No (specify problem _____) **Crate Trained?** No Yes
Favorite Toys- _____ **Favorite Play Activities-** _____
Frightened of- Bath ___ Brushing/Trimming ___ Nail Trimming ___ Fireworks ___ Veterinarian ___ Shots ___
 Check any applicable Men ___ Women ___ Children ___ Car Rides ___ Stairs ___ Storms ___ Dogs (types _____)
 Noises (_____) Other (_____)
Obedience Trained? No Yes (Circle commands known) Sit Heel Down Stay Come -responds ___% of time
Does Tricks? No / Yes (specify) _____ **Cute Behaviors?** _____
Does dog travel well? Yes/ No (problem- _____)
Does dog dig? No Yes (when _____)
Does dog run off ? No Yes (when _____)
Has Permanent ID? No / Yes - Tattoo ___ ? Microchip ___ ? Located where on dog? _____
 [If Yes, name organization ID is registered with _____ Is the registration transferable No / Yes]

Aggressive? People No / If Yes, (how) _____ Has bitten? No -If Yes, specify _____
 Dogs No / If Yes, (how) _____ Has injured? No -If Yes, specify _____
Behavior Problems? No Yes (bark, chew, etc.?) _____
Good with Children: Yes, with ages _____ No, with ages _____ **Good with Cats:** Yes No, (how) _____

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Comments About Specific Issues:

Recommendations:

Type Home Recommended:

Person Surrendering Dog (print name clearly)

Address

Phone

Westie Rescue Representative Receiving Dog (print name)

Date

I certify that the information contained in this form is accurate to the best of my knowledge.

Person Providing Info On This Form (print name)

Phone