



Dog Intake Information For Those Surrendering Their Westie

Directions:

This two-page form must be printed and completed prior to surrendering a Westie. Once printed and completed, these forms must be either scanned & emailed OR mailed. Email: wpawestierescue@gmail.com OR Mail: Westie Rescue of Western PA, c/o Bob Murphy, Coordinator, 515 West Water Street, Smethport, PA 16749.

After completing both applications and mailing them OR emailing them to the Coordinator of Westie Recue of Western PA, Bob Murphy, you may then contact him at 814-598-0697.

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

General Information

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: _____

Groomer: _____ **Last Date Groomed:** _____

Reaction to Grooming - (circle one) - Enjoys It Calm Little Nervous Scared Terrified

Food - Brands & Types _____ **Treats** _____

Feeding Time(s) _____ A.M. _____ P.M. _____ P.M. **Amounts at** _____ A.M. _____ P.M. _____ P.M.

Potty Schedule (approximately) _____ A.M. _____ P.M.

House Trained? Yes / No (specify problem _____) **Crate Trained?** Yes / No

Home Alone Hours (normal workday): 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 other) _____ **Where in house?** _____

Favorite Toys _____ **Favorite Play Activities** _____

Frightened of- Bath _____ Brushing/Trimming _____ Nail Trimming _____ Fireworks _____ Veterinarian _____
(Check If Applicable) Men _____ Women _____ Children _____ Car Rides _____ Stairs _____ Storms _____ Shots _____
Dogs (types) _____ Noises (types) _____ Other) _____

Obedience Trained? Yes / No (Circle commands known) Sit Heel Down Stay Come - responds _____ % of time

Does Tricks? Yes / No (specify) _____ **Cute Behaviors?** _____

Does dog travel well? Yes / No (problem- _____)

Does dog dig? Yes / No (describe problem- _____)

Does dog run off ? Yes / No (when- _____) **CONTINUED...**

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Permanent ID? Yes / No - Tattoo ___ Or Microchip ___ Located where on dog? _____
(If Yes, name organization ID is registered with _____ Is the registration transferable? Yes / No)

Aggressive? People Yes / No If Yes, (how) _____ **Has bitten?** Yes / No If Yes, specify _____
Dogs Yes / No If Yes, (how) _____ **Has injured?** Yes / No If Yes, specify _____

Behavior Problems? Yes / No (bark, chew, etc.?) _____

Good with Children? Yes, with ages _____ No, with ages _____ **Good with Cats?** Yes / No (describe if no) _____

Medical Information

Record Provided - Yes (If No - date when will give to rescue _____)

Please Fill In The Blanks With Dates When Shots Were Given or Test/Procedure Were Done:

Rabies (type? 1 / 3 yr) _____ **DHLPP** _____ **Lyme Disease** _____ **Corona Virus** _____

Heartworm Test Negative? Yes / No - (if no, type of treatment _____ Date _____)

Preventative Name _____ Given: 1) Year Round OR Seasonal ? 2) Monthly OR Daily ?

Fecal Test Negative? Yes / No (if No, type of treatment _____ Date of treatment _____)

Medical Conditions and Treatments: _____

Allergies? Yes / No If Yes, to what? _____

Medications (types, schedule & last given): _____

Veterinarian Name _____ **Address** _____ **Phone** _____

Additional Information

Comments About Specific Issues:

Recommendations:

Type Of Home Recommended:

Signatures

Person Surrendering Dog (signature) _____

Person Surrendering Dog Name (print clearly) _____

Address & Phone: _____

Westie Rescue Representative Receiving Dog (print name) _____

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

Person Providing Information on this form (if different than person surrendering): _____

Print Name:

Sign Name: _____

Phone Number: