

Your Name \_\_\_\_\_

Date \_\_\_\_\_

Your address \_\_\_\_\_

Phone# \_\_\_\_\_

Email \_\_\_\_\_

**NAME of pet** \_\_\_\_\_

Why are you wanting to RE-HOME your pet ?

Female or Male? Spayed or Neutered Breed \_\_\_\_\_ Age \_\_\_\_\_

Energy level; High - Medium - Low Lives with other dogs? Yes, Male or Female ? or No

Lives with cats: Yes - No Lives with children:: Yes, age? \_\_\_\_\_ or No

Temperament/Demeanor: Laid back ? Social butterfly ? Demanding of attention ? OR \_\_\_\_\_

Enjoys: Car rides ? Walks ? Chew toys ? Other \_\_\_\_\_

Knows how to: Sit - Stay - Come Crate trained ? House trained ? Walks on leash w/out pulling : Yes / No

Interaction with : **Men** (likes / dislikes/don't know) **Women** (like / dislikes / don't know) **Children** (likes / dislikes / don't know)

Interaction w/visitors: Barks ? Silent greeter : wags tail, jumps up, licks fingers, other \_\_\_\_\_

Aggression toward: Food/treats? Other dogs - Male or Female ? Cats?

Sleeps where ? Inside where: \_\_\_\_\_ Outside where: \_\_\_\_\_

During day, stays Inside or Outside ? Fenced yard? Type of fence \_\_\_\_\_

List additional you attributes or special traits (or tricks) on back side of this form

Up to date Vaccines and Rabies? Yes - No (date of last visit to vet) \_\_\_\_\_

Flea prevention treatment: Yes - No Name of flea med \_\_\_\_\_

Heartworm tested: Yes - No, Name of HW prevention medicine \_\_\_\_\_

**NAME of Vet and phone#**

We strongly encourage keeping your pet up-to-date with vaccines, using both Heartworm prevention, flea prevention medicines, and ensuring your dog is spayed or neutered because this will greatly increases the opportunity for your family pet to find a new home.

Return form to DREAM, P.O. Box 1455, Piqua, OH 45356

