

Dog Intake Questionnaire and Surrender Form



Please complete this form to help us find the safest and most appropriate home for your dog.

Undesirable behaviors and medical issues do not necessarily create problems in placement, however, **NOT** disclosing those problems does. Dishonest or incomplete answers can undermine the safety and happiness of both your dog and the new adopting family. If there is anything on this form that you are unclear about or that you are uncomfortable in answering for any reason, please call Angie Webber directly at 571-393-4980.

Has your dog bitten any human or other animal in the last 10 days? _____

Has your dog ever bitten any human or other animal and drawn blood? _____

Please bring vaccination records with you or have your veterinarian's office fax them ahead of time. Fax number is 703-754-8978.

Pet Information

Dog Name _____ Owner Name _____

Breed/Description _____

Birth Date _____ Weight _____ Color _____

Neutered Male Spayed Female Date (Neuter/Spay) _____

How did you get this dog? Breeder Rescue/Shelter

Re-homed Found Born in my home

Is this dog microchipped? _____ If yes, please provide brand _____

Including yours, how many homes has this dog had? _____

How long have you had this dog? _____

Home Life

Other household pets (please list)

Would you recommend placing this dog in a home with other dogs? Yes No

If no, please explain: _____

Would you recommend placing this dog in a home with cats? Yes No

If no, please explain: _____

Explain how this dog was confined to your property while outside:

- Fenced Yard (height) Tied Up (chain or runner)
- Electronic Pet Containment (type) _____ Kennel or Enclosure
- Dog House Other (explain) _____

Has this dog ever escaped it's confinement? Yes No

Behavior and Training

Is this dog housebroken? Yes No Almost (started training)

If no, check all that apply:

Urinates in Home Daily Occasionally

Defecates in Home Daily Occasionally

Is this dog crate trained? Yes No

If yes, how long did he/she spend in the crate each day? _____

Is this dog destructive if left alone in the house?

Chews Furniture Chews Woodwork/Doors Chews Clothing/Shoes

Gets Into Trashcans Chews Toys/Stuffed Animals

Other (please explain) _____

Is this dog protective or possessive toward any of the following?

Food (to people) Food (to other pets) Of His/Her Body

Toys (to people) Toys (to other pets) Of Owner/Family

Property Other (please explain) _____

Behavior: (check all that apply)

Has attended daycare Goes to the dog park Walks on leash

Has formal training Displays Separation Anxiety

Has bitten someone Has been in altercation with another dog

Has Fears _____

Prone to eating foreign objects _____

Prone to digging _____

Likes to try to escape _____

Describe this dog's play style with other dogs (check all that apply)

- Plays chase with little or no body contact Plays with all dogs
- Shares toys/plays quietly Has to be in charge in play situations
- Does not enjoy playing with other dogs Barks constantly
- Plays hard with hip checks/body slams
- Other (explain) _____

Experiences With Children

Did this dog live with children in your home? Yes No

If yes, what ages? _____

Would you recommend this dog to live with children? Yes No

Describe why/why not: _____

Would you recommend this dog to be placed in a home where children or grandchildren visit on a regular basis? Yes No

Please explain: _____

Health and Grooming

Did this dog receive routine veterinary care (at least once a year)? Yes No

Vet Name/Clinic: _____

Vaccination Information:

Vaccinations	Date Given	Expiration Date
Rabies		
Bordetella		
DHLLP		
Flea & Tick		
Heartworm		

Health History: *(check all that apply)*

- Ear Infections Food Allergies Skin Allergies Worms (heart/tape)
- Eye Infections Heat Stroke Gastritis/Bloat K9 Cough
- Thyroid Disease Lyme disease Arthritis Irritable Bowel
- Hip Dysplasia Chronic Ear/Eye Infections Tumors Cancer
- Cataracts Entropion/Ectropion Eye Seizures

Please explain any health conditions listed above _____

 Other Illness or Condition (explain) _____

Serious Injury (explain) _____

Surgeries _____

Is this dog on Medications? If so, please list

Medications	Frequency	Amount

Does this dog allow you to clip his/her nails? Yes No

Does this dog like to be bathed? Yes No

Does this dog like to be brushed? Yes No

Feeding Instructions: *(to make it easier on the pups, we ask that you bring their food)*

Brand/Type	Frequency	Amount

Dog Surrender

WAAAG asks for a \$100.00 donation for spayed/neutered dog (\$200.00 for an intact dog)

Please explain in detail why you wish to surrender your dog to WAAAG _____

You agree that you, your spouse, and /or any co-owner of the dog described on this form are irrevocably transferring and relinquishing to Webberpack Animal Adoption And Getaway (WAAAG) legal ownership of said dog on the date of surrender/acceptance. This gives WAAAG complete authority to take whatever actions in our sole judgment are necessary and in the best interest of the dog.

Owner' s Signature: _____ Date signed: _____

* This is an application ONLY and does not obligate surrender or guarantee acceptance. Please do NOT send surrender fee with this form.

WAAAG Use Only

Date of Surrender/Acceptance: _____ Location: _____

Comments: _____
