CAN'T KEEP YOU PET? JOIN OUR OWNER SURRENDER PROGRAM: DOG TEMPERMENT EVALUATION

www.specialpetsrescue.org

P.O. Box 1247 Lower Lake, CA 95457

mushutoast@yahoo.com (707) 994-0123

Personal Information:

Name:	
Name: First	Last
Phone:Home()	Work/Cell()
Address:	
city	state zip
E-mail Address:	
Reason for surrendering dog:	
How long have you had the dog:	
Where did you get the dog from:	
Has anyone ever abused or neglected the d	og:
Would you like to be contacted when the d	log finds a home? Yes No
Animal Information: DOGS	
Has your dog lived with other dogs	Yes No Unknown
Does your dog get along with dogs	Yes No Unknown
Does your dog have a preference to	Male Female None
Is your dog	Dominant Submissive Unknown
Animal Information: CATS	
Has your dog lived with cat(s)Yes	No Unknown
Does your dog chase catsYes	No Unknown
People Information:	
Does your dog have a preference for	Men Women
Has your dog lived with children?	

Dog's Medical History:				
Is your dog altered	Yes	No		
Has your dog been on heartworm prevention	Yes	No		
Has your dog ever bitten anyone	Yes	No	Unknown	
Is your dog current on Vaccines	Yes	No		
Has your dog been microchipped	Yes	No	Unknown	
Dog's Behavioral History:				
Does your dog digYes	No			
Does your dog bark excessively Yes	No			
Does your dog chew	No			
Is your dog cratetrainedYes	No	Unkn	own	
Is your dog housebrokenYes	No			
Does your dog jump fences Yes	No			
Additional Comments:				
De la Compatible				
Dog Information:				
Name	_Age		Sex	_
Breed:				_
Medical Conditions:				