 1.

**Shelter Evaluation**

Evaluator: Click here to enter text.

Date: Click here to enter text.

Location:Click here to enter text.

Dog ID # and Name: Click here to enter text.

Microchip Number: Click here to enter text.

Status:

O/S: Click here to enter text.

Stray: Click here to enter text.

Other: Click here to enter text.

Intake Date: Click here to enter text.

Rescue Only: Click here to enter text. Adoptions: Click here to enter text.

Hold Date Up:Click here to enter text.

Euth. Date: Click here to enter text.

**Overall Condition of Dog**

Age:Click here to enter text.

Fur: (double-coated, thin, full, dirty, matted, etc.)Click here to enter text.

Skin:Click here to enter text.

Color:Click here to enter text.

Fleas, Ticks, sores:Click here to enter text.Injuries / Infections:Click here to enter text.

Paws:Click here to enter text.

Gums/Teeth:Click here to enter text.

Eyes, (Color & Condition):Click here to enter text.

Nose:Click here to enter text.

Ears: gtood, clean

Height: Weight; Click here to enter text.

Underweight:Click here to enter text.

Overweight:Click here to enter text.

Normal:Click here to enter text.

Spayed/neutered: Click here to enter text.

**General Info:**

Sex:Click here to enter text.

Overall temperament:Click here to enter text.

Reaction to other dogs in shelter:Click here to enter text.

Reaction to cats in shelter:Click here to enter text.

Food aggressive; w/humans: Click here to enter text. W/dogs:Click here to enter text.

Known/Unknown: Click here to enter text.

Toy aggressive; Click here to enter text.

Known/Unknown:Click here to enter text.

Behavior around kids:Click here to enter text.

Know any commands: (sit, down, shake, etc.):Click here to enter text.

Leash training: (Pulls hard, wanders, turns, well-trained): Click here to enter text.

HW Status:Click here to enter text.

Known Medical conditions:Click here to enter text.

Housebroken:Click here to enter text.

Crate trained:Click here to enter text.

Heartworm/Flea & Tick Prevention: Click here to enter text.

Known/Unknown:Click here to enter text.

Vaccinations:Click here to enter text.

Vet records available?Click here to enter text.

Reaction to touch: (Paws, head, legs, hips, ears, mouth)Click here to enter text.

Head Shy?Click here to enter text.

General behavior; (Outgoing, friendly but hesitant, submissive, scared, attentive, aloof, playful):Click here to enter text.

**What is this dog’s story?**

Click here to enter text.

**General Comments & Observations:**

Click here to enter text.

**Photographs & Videos**: Please try to get several close ups of head, eyes, teeth, paws, side view (left & right), tail set, frontal view (head & legs)

**Additional Information:**

Click here to enter text.