

Pre-Need Owner Representation

This form can only be downloaded. A copy of this form should be provided to your personal representative (executor or administrator) appointed to manage your affairs. It will be incumbent upon your personal representative to notify Save Our Setters that the dog(s) need to come into rescue.

Dog's Name *

Sex *

- ☐ Male
- ☐ Female

Spayed/Neutered *

- ☐ Yes
- ☐ No

Approximate Date of Birth (Month/Year)

Where did you get the dog? *

Where did you get the dog (Breeder name, Rescue name, Website name, etc.)? If other, please explain.

Are registration papers available?

☐ Yes

☐ No

Will you be providing a copy of this document to your veterinarian? PLEASE
NOTE: Veterinarians will not provide any records unless they have a release from you on file.

☐ Yes

☐ No

Veterinarian's Name

Veterinarian address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Veterinarian Phone Number

Please enter a valid phone number.

If you provide your own vaccinations and/or preventative medications, please keep an updated copy of those records attached to this form. This includes those vaccinations/preventatives provided by any source other than your vet.

Are there any recurring health problems of which Save Our Setters should be aware?

What Brand and type of dog food do you feed the dog? *

For example: Purina Pro Plan Chicken and Rice Dry

How many times a day?

What times?

How much each serving?

Where does the dog sleep?

Where do you keep the dog during the day?

Do you have a fenced yard? *

☐ Yes

☐ No

If so, what is the fence height and material?

How much exercise does the dog normally get on an average day?

What commands does he/she know?

Do you believe the dog has ever been abused? If yes, please explain the dog's behaviors that led to that belief.

Has the dog ever growled at anyone? *

☐ Yes

☐ No

If yes, what were the circumstances?

Has the dog ever bitten a person? *

☐ Yes

☐ No

How many times has your dog bitten a person?

e.g., 23

For each human bite incident, please provide the date(s), where the bite occurred, the triggers that led to the bite, the injuries and the severity of the bite.

Has the dog ever bitten another domestic animal? *

☐ Yes

☐ No

How many times?

e.g., 23

For each animal bite incident, please provide the date(s), where the bite occurred, the triggers that led to the bite, the injuries and the severity of the bite.

Did the dog bite the other animal defending itself, or was the dog the aggressor?
Select all that apply.

- ☐ Defending itself
- ☐ Dog attacked, unprovoked
- ☐ Dog attacked, provoked
- ☐ Other

Select all that apply.

- ☐ Dog
- ☐ Cat
- ☐ Rabbit
- ☐ Chicken
- ☐ Other

Does your dog:

	Yes	No	I don't know
like to ride in cars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
let you take toys away	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
like to swim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

bark excessively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
chase cars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
jump fences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
chew excessively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
urinate when scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
growl at strangers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
come when called	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
like to dig	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is your dog:

	Yes	No	I don't know
afraid of storms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used to being groomed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
obedience trained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
house trained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
crate trained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
aggressive with food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used to being walked (leash trained)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Okay being left alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How did the dog react when around these types of individuals and animals?

	Very well	Good but nervous	It was not a good experience	Never been around them
Children 0-5 yrs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

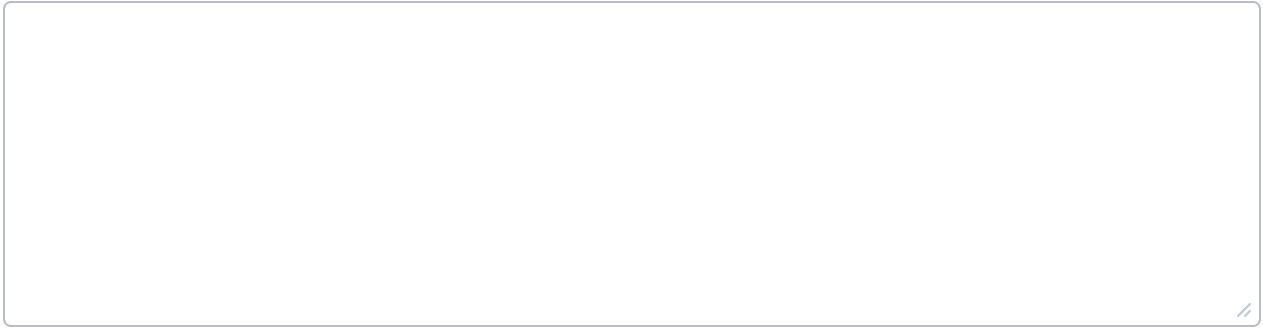
Children 6-12 yrs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teenagers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult Males	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult Females	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elderly Persons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals using mobility aids (Walkers, Canes, Wheelchairs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Dogs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

List any other information that might be helpful for the future foster home and/or adopters.

Have you set up a Trust or a Fund to support this dog should the need arise?

- ☐ Yes
- ☐ No

If yes, please provide name and contact information for those who would have knowledge in this regard.

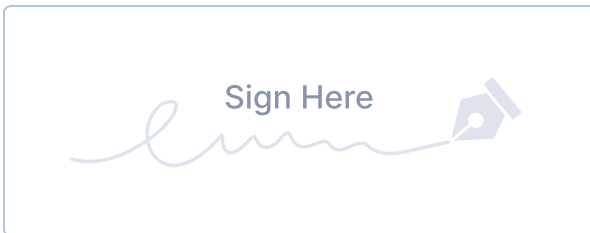


I/WE CERTIFY THAT I/WE OWN THE ABOVE DOG AND THAT THE STATEMENTS ABOVE ARE TRUE AND ACCURATE. SHOULD THERE BE SIGNIFICANT CHANGES TO THE INFORMATION PROVIDED ON THIS FORM, PLEASE COMPLETE A NEW FORM WITH THE MOST CURRENT INFORMATION AVAILABLE.

THIS PRE-NEED FORM IS FOR INFORMATIONAL USE ONLY.

Owner's Name *

Owner's signature *



Sign Here

Clear

Date of Owner's Signature *

MM-DD-YYYY



Date

Owner's Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Owner's Phone Number *

(000) 000-0000

Please enter a valid phone number.


Owner's Email *

example@example.com

Co-Owner's name

Co-Owner's Signature (if applicable)

Sign Here



[Clear](#)**Date of Co-Owner's Signature (if applicable)**

MM-DD-YYYY



Date

[Save and Retain](#)