

# Westie Central, Inc.

*"No Westie left behind!"*

Ph. (315)741-4222

## DOG INTAKE FORM

### APPLICANT INFORMATION

Owner or Person Surrendering Dog Name:			
Address:			
City:	State:	Zip:	Phone:
Dog Call Name:		Dogs Age:	
AKC Name:	AKC #:	AKC Papers Received: Yes No	
Sex:	Neutered/Spayed:	Date of Birth:	
Surrender Date:	Location:		
Owner Acquired dog from:	Prior owner	No	Yes Name:
Reason for giving up dog:			

### MEDICAL RECORDS

Medical Records Provided - Yes___ No___	Date Rescue will receive records:		
Medical Conditions and Treatment:			
Allergies: No___ Yes___	Allergic to:		
Medication (type, schedule, last given):			
Veterinarian Name		Address:	
City, State, Zip:		Phone:	

### GROOMING

Groomed by:		Date last groomed:			
Reaction to Grooming:	Enjoys It	Calm	Little Nervous	Scared	Terrified
Food Brand & Type:		Treats:			
Feeding Times:	AM:	PM:	Amount in AM:	PM:	
Potty Schedule AM:		PM:			
Home Alone Hours (normal work day):	From:	To:	Left Where:		
Home Alone Weekends (total # of hours):			Left Where:		
Sleeping Habits (owners bed or dog bed):			Where in House:		
House Trained: Yes	No	If no, specify problem:			
Crate Trained:	Favorite Toys:				
Favorite Play Activity:					
Frightened of: Bath ___ Brushing/Trimming ___ Nail Trimming ___ Fireworks ___ Veterinarian ___					
Men ___ Women ___ Children ___ Car Rides ___ Stairs ___ Storms ___ Dogs ___ What kind:					

Noises _____ What kind:		Other:
Obedience Trained: Yes ___ No ___ (Mark commands known): Sit ___ Heel ___ Down ___ Stay ___ come ___		
Responds _____% of the time	Tricks:	Cute Behavior:
Does dog travel well? Yes _____ No _____ (Problem)		
Does dog dig? Yes _____ No _____ (when):		
Does dog run off? No _____ Yes _____ (when):		
Does dog have permanent ID? No _____ Yes _____ Tattoo _____ Microchip _____ Located where on dog:		
If yes, name organization ID is registered with:		Is ID Transferrable:
Aggressive? People No _____ If yes, how:		
Has Dog Bitten? No _____ If yes, specify		
Aggressive to dogs? No _____ If yes, how:		
Has injured: No _____ If yes, specify:		
Behavior problems? No _____ Yes _____ (bark, chew, etc.):		
Good with children? Yes with ages _____ No, with ages _____ Good with cats? Yes _____ No _____ How:		
<b>The more information we receive the better chance this dog has of obtaining a good home</b>		
<b>Comments about specific issues:</b>		
<b>Recommendations:</b>		
<b>Type Home Recommended:</b>		
<b>Westie Rescue Representative Receiving Dog</b> (print name)		
<b>I certify that the information contained in this form is accurate to the best of my knowledge,</b>		
<b>Signature:</b>		