

Chesapeake Bay Retriever Relief & Rescue
<http://www.cbrrescue.org/>

Dog Gift Information Sheet

Dog's Name(s) _____ (circle one most frequently used)

Gender: ___ Male ___ Female ___ Neutered male ___ Spayed female

Where did you obtain the dog? _____

If you purchased the dog from a breeder, breeder's name: _____

Breeder's address: _____

Breeder's phone: _____

Why are you giving us this dog? (an honest answer is appreciated)

Age of dog: _____ How long have you owned this dog? _____

Number of hours that the dog is used to being alone during the day: _____

Did your dog live: ___ Inside ___ Mostly Inside ___ Outside ___ Mostly Outside

Is your dog housetrained? ___ Yes ___ No ___ Variable

Is your dog crate-trained? ___ Yes ___ No Paper-trained? ___ Yes ___ No

Is your dog good with children? ___ Yes ___ No

If yes, what ages: _____

Do you have children? ___ Yes ___ No

If yes, what ages: _____

Is your dog good with other dogs? ___ Yes ___ No

Is your dog good with cats? ___ Yes ___ No

Other small pets? ___ Yes ___ No

Other pets in your home:

Number, sex, and breeds of

dog: _____

Number of cats: _____

Number and types of other
pets: _____

Which problem behaviors does your dog have (check all that apply)?

Jumps up on people

Jumps fences

Urinates/defecates in the house

Digs

Destructive chewing

Chases cars/bikes

Steals food

Chases livestock

Runs away

Guards food/toys

Aggressive

Barks excessively

Other problems not
listed: _____

Would you say that your dog is shy friendly stand-offish?

Has the dog bitten and broken the skin of anyone within the past ten days? Yes

No

Has your dog ever bitten anyone? Yes No

If yes, please

describe: _____

What brand of food have you fed your
dog? _____

How often does the dog eat? _____

When did your dog last visit the
veterinarian? _____

Your vet's name: _____

City: _____

Phone: _____

Is your dog prone to:

Ear infections

Eye infections

Diarrhea

- Vomiting
- Itchy skin
- Anal gland infections
- Bad breath
- Limping
- Hot spots
- Fleas
- Dental problems

Other: _____

When was your dog last tested for heartworms? Month: _____
Year: _____

Is your dog currently on heartworm preventative? Yes No

When was your dog last vaccinated for
Distemper/Parvo - Date: _____
Rabies - Date: _____
Kennel Cough - Date: _____
Lyme Disease - Date: _____

How do you discipline your
dog? _____

Does your dog walk well on a leash? Yes No Varies

Has your dog had obedience training? Yes, a class Yes, private training No

- My dog enjoys
- Riding in the car
 - Going on walks
 - Sitting in my lap
 - Being brushed
 - Being bathed
 - Playing fetch
 - Hunting
 - Swimming
 - Jogging

Other favorite
activities/toys: _____

What type of new home/owner would you like for your
dog?_____

Other
comments:_____
