**Step 1: Please complete this form. INCLUDE PHOTO. INCLUDE MEDICAL DOCUMENTS.**

**Step 2: Email the completed form and photo to** [calgarydinorescue@gmail.com](mailto:calgarydinorescue@gmail.com)

**NOTE: One form per dog (however, a litter of puppies may be submitted on one form).**

**INCOMPETE FORMS WILL NOT BE ACCEPTED**

**DATE:** Click here to enter a date.

**FULL NAME OF SENDING SHELTER:** Click here to enter text.

**FULL ADDRESS OF SENDING SHELTER:** Click here to enter text.

**Shelter Representative:**

**Name:** Click here to enter text.

**Email:** Click here to enter text.

**Cell:** Click here to enter text. **Home:** Click here to enter text. **Work:** Click here to enter text. **Other:** Click here to enter text.

**TOTAL FEE REQUIRED FROM DINO (Please itemize your Total) Total: $** Click here to enter text.

**Medical - $** Click here to enter text. **Transport - $** Click here to enter text.

**Crate - $** Click here to enter text. **Other - $** Click here to enter text.

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**DOG’S INFORMATION:**

**Dog’s Name:** Click here to enter text.

**Breed (best guess):** Click here to enter text.

**Description/Color:** Click here to enter text.

**Age or Date of Birth:** Click here to enter text.

**Sex:**

* Female – spayed
* Female – not spayed
* Male – neutered
* Male – not neutered

**Weight:** Click here to enter text.

**Height at shoulder:** Click here to enter text.

**How long have you had this dog?** Click here to enter text.

**Where did you get this dog (ex. stray, other)?** Click here to enter text.

**FOR PUPPIES:**

**Number in litter:** Click here to enter text. **No. males:** Click here to enter text. **No. females:** Click here to enter text.

**Date of birth (ex. July 7, 2013):** Click here to enter a date.

**Breed of Father:** Click here to enter text.

**Breed of Mother:** Click here to enter text.

**De-wormed:** Yes  No

Date: Click here to enter a date. Date: Click here to enter a date. Date: Click here to enter a date.

**Vaccinated:** Yes  No

Date: Click here to enter a date. Date: Click here to enter a date. Date: Click here to enter a date.

**PERSONALITY AND TEMPERAMENT INFORMATION**

**Sleeps in the house:** Yes  No  Unknown  Comments: Click here to enter text. **Sleeps on the bed or furniture:** Yes  No  Unknown  Comments: Click here to enter text. **Relaxed in the house:** Yes  No  Unknown  Comments: Click here to enter text.

**Plays with toys:** Yes  No  Unknown  Comments: Click here to enter text. **Rides well in a vehicle:** Yes  No  Unknown  Comments: Click here to enter text.

**Flight risks:**

**Jumps over fences:** Yes  No  Unknown  Comments: Click here to enter text.

**Digs under fences:** Yes  No  Unknown  Comments: Click here to enter text.

**Escapes yards:** Yes  No  Unknown  Comments: Click here to enter text.

**Other:** Click here to enter text.

**Separation anxiety when left alone:**

**Barks, whines, or howls when alone:** Yes  No  Unknown  Comments: Click here to enter text.

**Destroys things:** Yes  No  Unknown  Comments: Click here to enter text.

**Other:** Click here to enter text.

**Children:**

**Good with children?** Yes  No  Unknown  Comments: Click here to enter text.

**Likes children?** Yes  No  Unknown  Comments: Click here to enter text.

**Has the dog been around children?**

Yes  No  Unknown  Comments: Click here to enter text.

**Describe the reaction to children in the home:** Click here to enter text.

(Ex. barks, happy, loves children, growls)

**Adults:**

**Has the dog been around People / Strangers?** Yes  No  Unknown  Comments: Click here to enter text.

**Good with People / Strangers?** Yes  No  Unknown  Comments: Click here to enter text.

**Describe the reaction to People / Strangers:** Click here to enter text.

(Ex. barks, happy, loves strangers, growls)

Other Dogs:

**Has the dog been around other dogs?** Yes  No  Unknown  Comments: Click here to enter text.

**Good with other dogs?** Yes  No  Unknown  Comments: Click here to enter text.

**Likes other dogs?** Yes No  Unknown  Comments:Click here to enter text. **Describe the reaction to other dogs:** Click here to enter text.

(Ex. barks, happy, loves dogs, growls)

**Cats:**

**Has the dog been around Cats?** Yes  No  Unknown  Comments: Click here to enter text.

**Good with cats:** Yes  No  Unknown  Comments: Click here to enter text.

**Like Cats?** Yes  No  Unknown  Comments:Click here to enter text. **Describe the reaction to cats:** Click here to enter text.

(Ex. barks, happy, loves cats, growls)

**Other Animals:**

**Has the dog been around Animals:** Yes  No  Unknown  Comments: Click here to enter text.

**Good with other animals:** Yes  No  Unknown  Comments / Types: Click here to enter text.

**Reaction to other animals:** Click here to enter text.

(Ex. barks, happy, loves other animals, growls)

**Plays with toys:** Yes  No  Unknown  Comments: Click here to enter text.

**Rides well in vehicle:** Yes  No  Unknown  Comments: Click here to enter text.

**Generally describe the dog’s nature:** Click here to enter text.

(Ex. friendly, outgoing, playful, happy, smart, etc.)

**Please describe any unique personality trait(s) of the dog:** Click here to enter text.

**TRAINING**

**House trained:** Yes  No  Unknown  Comments: Click here to enter text.

**Leash trained:** Yes  No  Unknown  Comments: Click here to enter text.

**Formal training:** Yes  No  Unknown  Comments: Click here to enter text.

(Ex. obedience, etc.)

**How was the dog trained:** Click here to enter text.

(ex. with treats and / or positive motivation, with verbal praise)

**Crate trained:** Yes  No  Unknown  Comments: Click here to enter text.

**Comfortable & relaxed in a dog crate:**  Yes  No  Unknown  Comments: Click here to enter text.

**How much time did the dog spend in a crate daily?** Click here to enter text.

**MEDICAL INFORMATION**

**Does the dog have a primary care vet:** Yes  No  Unknown

**Name of vet or clinic:** Click here to enter text.

**Address / Location:** Click here to enter text.

**Phone Number:** Click here to enter text.

**Medical records provided:**  Yes  No

**Is the dog on heartworm preventative meds:** Yes  No  Date: Click here to enter a date.

**Tested for Heartworm:** Yes  No  Date: Click here to enter a date.

Positive:  Negative:

**Tested for Parvo:** Yes  No  Date: Click here to enter a date.

Positive:  Negative:

**Current on annual vaccines:** Yes  No  Date: Click here to enter a date.

**Current on rabies vaccine:** Yes  No  Date: Click here to enter a date.

**Current on kennel cough vaccine:** Yes  No  Date: Click here to enter a date.

**Current on flea preventative:** Yes  No  Date: Click here to enter a date.

**Does the dog have rabies identification tags:** Yes  No  Date: Click here to enter a date.

**Any food allergies (specify):** Yes  No  Unknown  Comments:

**Describe any medical conditions:** Click here to enter text.

**MISCELLANEOUS**

**Anything else DINO Rescue should know:** Click here to enter text.

**Describe the ideal home for the dog:** Click here to enter text.

**By signing here, I am attesting to the truthfulness of my answers:**

**Shelter Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click here to enter a date.

**DINO Representative Approving this Intake: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click here to enter a date.

**Please remember to include a photo of the dog!**

**A photo helps us to place a dog more efficiently!**

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