**Step 1: Please complete this form. Incomplete forms may not be processed.**

**(If you are surrendering multiple dogs, please complete a separate form for each)**

**(If you are surrendering a litter of puppies, one form is acceptable)**

**Step 2:** **Attach a photo of the dog or litter**

**Step 3: Email the completed form and photo to** [**calgarydinorescue@gmail.com**](mailto:calgarydinorescue@gmail.com)

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

**PERSONAL INFORMATION:**

**Name:** 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.

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

**City / Province /State / Country**: Click here to enter text.

**Postal / Zip:** Click here to enter text.

**DOG’S INFORMATION:**

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

**Breed / Description:** 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.

**Reason for Surrender:** Click here to enter text.

**Are you the owner of this dog?** Yes  No  Comments: Click here to enter text.

**When did you get the dog?** Click here to enter text.

**How old was the dog when you got him / her?** Click here to enter text.

**Where / How did you get this dog?**

* + Adopted from DINO
  + Adopted from other Shelter / Rescue
  + Gift from Friend / Family
  + Purchased from Store / Breeder / Other
  + Stray  Date Found: Click here to enter text.
  + Other  Explain: Click here to enter text.

**Dog currently lives:** Inside  Outside  Both

**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.

**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.

**Flight risk:** Yes  No  Unknown  Comments: Click here to enter text.

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

**Separation Anxiety:** Yes  No  Unknown  Comments: Click here to enter text.

**Ever bitten anyone:** Yes  No  Unknown  Comments: Click here to enter text.

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

**Has the dog been around children? How long?**

Yes  No  Unknown  Comments:Click here to enter text.

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

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

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

**Reaction to strangers:** Click here to enter text.

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

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

**How often did the dog meet other dogs?** Click here to enter text. **Reaction to other dogs:** Click here to enter text.

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

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

**How often did the dog meet cats?** Click here to enter text. **Reaction to cats:** Click here to enter text.

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

**Ever bitten or attempted to bite another animal:** Yes  No  Unknown  Comments: Click here to enter text.

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

**How often did the dog meet other animals?** Click here to enter text.

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

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

**Toy or food aggressive:** Yes  No  Unknown  Comments: Click here to enter text.

**Any Fears:** Yes  No  Unknown  Comments: Click here to enter text.

(Ex. thunder, car rides, the vet, people in hats, loud noises, etc.) **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.

**Other behavioural or personality issues:** Click here to enter text.

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

**TRAINING**

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

**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?**

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

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

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

(ex. obedience, agility, fly-ball, search & rescue, extensive dog tricks, etc.)

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

**How was the dog trained:** (ex. with treats and / or positive motivation, with verbal praise?)

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.

**Do you have medical records:** Yes  No

**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 heartworm preventative:** 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.

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

**Type of food fed:** Click here to enter text. **Any food allergies (specify):** Yes  No  Unknown  Comments: Click here to enter text.

**Favorite foods, treats:** Click here to enter text.

**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.

**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

**MISCELLANEOUS**

**Anything else DINO Rescue and the new owners should know:** Click here to enter text.

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

**Items donated with the dog:** Click here to enter text.

**Donation Amount: $**      or **Fee Required from DINO: $**

**(Donations are used to assist DINO Rescue with costs associated with the intake and re-homing of dogs)**

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

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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