

DIXIE OLD ENGLISH SHEEPDOG RESCUE, INC.
QUESTIONS FOR SOMEONE GIVING UP A DOG

Date: _____ Dog's name _____

Age _____

Present
owner _____

Address _____ Email _____

Home phone _____ Work
phone _____

Children _____ how many _____
ages _____

Other animals _____ how many _____
types _____

Where did you get this OES?

Name of breeder/pet
store _____

Address & phone of breeder/pet
store _____

How long have you owned the
dog _____

Reason for giving
up _____

Sex ___ Spayed _____ Altered _____ Tail _____ AKC
records _____

Coat length (puppy cut, full length, shaved?) _____ Last groomed?
(date) _____

Groomer's name, address,
phone _____

Does dog need to be groomed now? _____ matted _____ bath _____

How does dog react to being groomed?

Food

type _____

Feeding

schedule _____

Housebroken? _____ If yes, how long can dog
left? _____

What signal does dog

give? _____

Is dog on lead or left alone for

"potty"? _____

Any information about the previous owner will be appreciated in the space below.

Previous owner's

name _____

Address _____

Email _____

Phone (home) _____

(work) _____

Children _____ how many _____

ages _____

Other animals _____ how many _____ types

Reason for giving

up _____

Veterinarian

Address _____

—

Telephone

Commands dog responds to:

Please answer either (always - sometimes - never)

Sit _____ Down _____ Stay _____ Come _____
Heel _____

Others _____

Is dog leash trained? _____ if yes (good-fair-bad) _____

Is your yard fenced? _____ Is dog allowed to run loose? _____ On leash at all times? _____

Can you take dog for a walk off leash? _____

Comments _____

Health History

Do you have all medical records with you? _____

Your Veterinarian' name _____

Address, phone _____

Rabies _____ Tag # _____
date _____

Distemper _____
date _____

Hepatitis _____
date _____

Parainfluenza _____
date _____

Parvovirus _____
date _____

Leptospirosis _____
date _____

Bordetella _____
date _____

Corona _____
date _____

Fecal _____
date _____

Heartworm - date tested _____ last given _____ type
used _____

Weight _____ Please describe general health - including history of arthritis,
colitis, skin problems, allergies, etc. Also, urine & bowel
control: _____

Typical day for the dog

Please list what the dog is doing and with whom during the following times:

5:00am _____

6:00am _____

7:00am _____

8:00am _____

9:00am _____

10:00am _____

11:00am _____

12:00
noon_____

1:00pm_____

2:00pm_____

3:00pm_____

4:00pm_____

5:00pm_____

6:00pm_____

7:00pm_____

8:00pm_____

9:00pm_____

10:00pm_____

11:00pm_____

12:00midnight_____

1:00 to 4
am_____

How many hours (maximum) can this OES stay alone?

How does dog behave when alone?

Is dog confined or allowed run of the house when alone?

Has dog been crate trained?

Please circle one below.

When left alone inside, is dog: loose? confined to one room? crated? in basement?

Temperament

Please check all that best describe the dog:

aggressive_____ confident_____ dominate_____ excitable_____
hardheaded_____

laid-back_____ nervous_____ responsive_____ sedate_____ shy_____

stubborn_____ submissive_____ timid_____ hyper_____ puppyish_____

cooperative_____ frantic_____

Characteristics and Peculiarities

The following is a list of dog behavior problems. Please list either (always - sometimes - never). If always or sometimes, please describe (when, where, why, etc.).

Barking excessively - under what conditions? _____

Begging _____

Biting - under what circumstances? _____

Growling_____ when_____ Showing teeth _____
when_____

Car behavior when riding _____

Car chasing _____

Car sickness _____

Cat chasing _____

Chewing - destructive _____

Digging _____

Dog fighting _____

Excessive wetting _____

Food guarding _____

Garbage ransacking _____

Grooming _____

Herding _____

Housebreaking "mistakes" _____

Jealousy _____

How is dog with children, and can dog be trusted with infants and small children? _____

Protective? _____ Of whom?

How does dog react with strangers, other dogs and animals?

Jumping
fences _____

Jumping on
furniture _____

Jumping on
people _____

Leash
rejection _____

Pulling on
leash _____

Mounting

Nipping and
mouthing _____

Fear of
confinement _____

Fear of
noises _____

Fear of
people _____

Running
away _____

Stealing
food _____

Separation
anxiety_____

Unique
#1_____

Unique
#2_____

Unique
#3_____

How soon must you, or how desperate are you to give up the dog? Would you be willing to keep the dog until it is placed?

Before this dog can be placed in a new home, he must be groomed, updated on inoculations and have a current heartworm test. We also recommend that the dog be altered. If the owner is unable to do these things, we ask for a donation to help cover these expenses. We realize that every situation is different and our main concern is the welfare of the dog. Thank you for your cooperation. I, (owner of said dog), have read, understood, and answered all of the above questions completely and honestly, making no misrepresentations concerning the temperament, health or behavior of the above named dog.

Date_____

Signed_____

(owner)

(witness)

Send completed form to:

**Dixie OESR, Inc
5038 SE 6th Avenue
Ocala, FL 34480
352-622-4574**