



# Pet Intake History Form

*In order to find the home that best fits your dog's needs, please provide as much detail about your dog's history and vet care as possible. **Form must be completed in its entirety to be accepted for review.** Thank you!*

Date: \_\_\_\_\_ Dog's Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Is this dog a purebred or mixed breed?  purebred  mixed  
 Breed(s): \_\_\_\_\_ Colors/Markings: \_\_\_\_\_

Owner Information:	
Owner:	Co-Owner:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Email:	Email:
Signature:	Signature:

Medical History: List the dog's medical history and attach veterinary records. Please list any medical concerns and/or treatment as diagnosed by a veterinarian.	
<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Intact Rabies vaccination: _____ Dhlpp: _____ Bordetella: _____ Heartworm (HW) tested in last 12 months: <input type="checkbox"/> yes <input type="checkbox"/> no    results: _____ HW preventative brand: _____ Date administered monthly: _____ Microchipped: <input type="checkbox"/> yes <input type="checkbox"/> no Microchip #: _____ When was this dog last seen for a checkup? Date: _____	Veterinarian's name: _____ Clinic name: _____ Vet phone: _____ Vet address: _____ City, State & Zip: _____ Any special medical considerations? <input type="checkbox"/> yes <input type="checkbox"/> no Does this dog require any medications? <input type="checkbox"/> yes <input type="checkbox"/> no Does this dog have any allergies? <input type="checkbox"/> yes <input type="checkbox"/> no
Please provide any additional information about this dog's health / medical requirements and treatments. Use an additional page if necessary:	
May we contact this vet? <input type="checkbox"/> yes <input type="checkbox"/> no	

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<b>History:</b>
How long have you owned this dog? _____
Where/How did you acquire this dog? _____ If breeder, what is the name of the breeder? _____ Is there a contract with the breeder to return this dog? <input type="checkbox"/> yes <input type="checkbox"/> no What kinds of papers are there on this dog? <input type="checkbox"/> akc <input type="checkbox"/> ukc <input type="checkbox"/> no papers
What is the absolute last day you have to find a home for this dog? _____
What is the height at the shoulder of this dog? _____
What is the weight of this dog? _____
Where does this dog stay when you are home? _____
Where does this dog stay when you are gone? _____
Where does this dog sleep at night? _____
How does this dog handle alone time? _____
Is this dog crate trained? <input type="checkbox"/> yes <input type="checkbox"/> no      If yes, are you willing to donate the crate with the dog? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
When is the dog crated? _____
Is this dog housebroken? _____
Is this dog obedience trained? <input type="checkbox"/> yes <input type="checkbox"/> no      If yes, what commands does the dog respond to consistently? _____
Is this dog destructive when left alone? <input type="checkbox"/> yes <input type="checkbox"/> no      If yes, explain: _____
How does this dog react to meeting new people inside the home? _____
How does this dog react to meeting new people off of the property? _____
Has this dog ever shown shyness of fear around: <input type="checkbox"/> men <input type="checkbox"/> women <input type="checkbox"/> teenagers <input type="checkbox"/> children Explain: _____
What type of collar & leash or other equipment do you use when walking your dog? _____
Does your dog walk nicely on a leash, or does this need some work? Explain: _____
Is this dog possessive or aggressive with food, toys or treats? <input type="checkbox"/> yes <input type="checkbox"/> no      Explain: _____

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<p>Does this dog currently live with other dogs?  <input type="checkbox"/> yes <input type="checkbox"/> no    If yes, what breeds / gender / age: _____</p>
<p>Did he get along with all dogs in the home?  <input type="checkbox"/> yes <input type="checkbox"/> no    Explain: _____</p>
<p>Has this dog lived with other dogs in the past?  <input type="checkbox"/> yes <input type="checkbox"/> no    If yes, what breeds / gender / age: _____</p>
<p>Has this dog lived with other animals?  <input type="checkbox"/> yes <input type="checkbox"/> no    If yes, what type: _____</p> <p>How do they get along? _____</p>
<p>Has this dog ever attempted to bite another dog?  <input type="checkbox"/> yes <input type="checkbox"/> no    Explain: _____</p> <p>What was the extent of the injury? _____</p>
<p>Has this dog ever attempted to bite another person?  <input type="checkbox"/> yes <input type="checkbox"/> no    Explain: _____</p> <p>Did the injury require medical attention? _____</p> <p>What was the extent of the injury? _____</p>
<p>Does this dog live with children in the house?  <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>How does the dog react to the children? _____</p>
<p>Is or has this dog lived as an only dog?  <input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>How does this dog act at the vet's office? _____</p>
<p>Is this dog up to date on vaccinations?  <input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>What brand of dog food does this dog eat? _____</p> <p>How many times per day does this dog eat? _____</p> <p>How much per serving? _____</p>
<p>How does this dog do while riding in a car? _____</p>
<p>Does this dog have any behavioral issues?  <input type="checkbox"/> yes <input type="checkbox"/> no    If yes, explain with as much detail as possible:</p>
<p>Why are you interested in re-homing your dog?          _____</p>
<p>Is there any possibility of this dog remaining with you?  <input type="checkbox"/> yes <input type="checkbox"/> no    If yes, what would it take?</p>



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<b>Transportation:</b>
Where is this dog currently located?
How far are you willing to drive to bring this dog into rescue?
Are you willing to make a donation to Save the Giants Rescue? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, how much are you willing to donate?
If you are unable to help transport, are you willing to provide a health certificate on this dog if the dog must cross state lines? These are required for commercial transport and can be obtained by your veterinarian for a small fee. <input type="checkbox"/> yes <input type="checkbox"/> no
Are you willing to donate this dog's crate? <input type="checkbox"/> yes <input type="checkbox"/> no
Is there anything else you will be sending with this dog? (food bowls, leash, collar, food etc.):
<i>Please note, in some circumstances, this may not be possible due to space on transport.</i>

Name of submitter: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for taking the time to complete this form in its entirety. The more we know about the dog, the higher our chances of finding a good match quickly should we accept the dog into our care. The details in this form are some of the most valuable information we receive and are essential to keeping our volunteers, foster homes, adopting homes and other pets who may be around your dog safe.*