



Westie Rescue Intake Information Form

NOTE: The more information we receive, the better chance this dog has of obtaining a good home.

Basic Information

Dog Call Name: _____ AKC Name: _____ Birth Date/Age: _____

Sex: Male Female Spayed/Neutered: Yes No (last heat _____) Surgery Scheduled: _____

Reason for Being Placed for Adoption: _____

Medical Information

Will Medical Records Be Provided: Yes No If no, why? _____

Please Fill in Blanks with Dates When Shots Given or Test/Procedure Done: Rabies (type? 1 / 3 yr): _____

DHLPP: _____ Lyme Disease: _____ Corona Virus: _____

Heartworm Test Negative? Yes No If no, type of treatment: _____ Date: _____

Preventative Name: _____ Given (check 2): Year Round Seasonal Monthly Daily

Fecal Negative? Yes No If no, type treatment _____

Medical Conditions and Treatment: _____

Allergies- No Yes - Name Allergies: _____

Medications (type, schedule & last given): _____

Name of Veterinarian: _____ Phone: (_____) _____

Address: _____

Grooming History

Name of Groomer: _____ Last Date Groomed: _____

Reaction to Grooming: Enjoys It Calm Little Nervous Scared Terrified Vicious

General Information

Food Brand & Type: _____ Treats? _____

Feeding Time(s) and Amount: _____ a.m. _____ p.m.
Time Amount Time Amount

Any Feeding Issues? _____

Is the dog house trained? Yes No Is the dog crate trained? Yes No

Is the dog on a regular bathroom schedule? Yes - _____ a.m. _____ p.m. No - Issues? _____

Home Alone Hours (normal work day): from _____ a.m. to _____ p.m. Left Where? _____

Any Issues/Concerns? _____

Night Sleeping Habits: Crate Dog Bed Peoples' Bed Other: _____

Obedience Trained? No Yes - Specify: _____ Responds _____ % of time)

Anxieties: Bath Brushing/Trimming Nail Trimming Fireworks Veterinarian Shots Riding in the Car

Men Women Children Stairs Storms Being left alone

Other Dogs - Types: _____ Other Animals - Types: _____

Noises: _____ Other: _____

Favorite Toys: _____

Favorite Play Activities: _____

Does Tricks? No Yes – Specify: _____

Cute or Quirky Behaviors? _____

Aggressive? With People: No Yes – Specify: _____

Has bitten? No Yes – Specify: _____

Dogs No Yes – Specify: _____

Other No Yes – Specify: _____

Behavior Problems? No Yes – Specify (bark, chew, dig, etc.): _____

Good with Children? Yes, with ages _____ No, with ages _____ Good with Cats: Yes No

Does the dog travel well? Yes No – Specify problems: _____

Does the dog dig? No Yes – Specify problems: - _____

Does dog attempt to escape or run off if provided an opportunity? No Yes – When? - _____

Other Comments

Recommendations

I certify that the information contained in this form is accurate to the best of my knowledge.

Person Completing Form

Date

Phone Number

E-mail Address