



## 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