



*Please type in answers to ALL fields. When finished, save this file to your computer, and then email a copy to our intake coordinator using the link at the bottom of this form, or the link on the Surrender page of the GRRACE site.*

Owner's name(s) \_\_\_\_\_

Owner's address \_\_\_\_\_

Email address \_\_\_\_\_ Telephone number \_\_\_\_\_

Dog's name \_\_\_\_\_  Male  Female Age \_\_\_\_\_

Spayed/neutered  Yes  No

Housebroken  always  almost always  partly  not at all

Veterinarian's/clinic's name \_\_\_\_\_

Vet's address \_\_\_\_\_

Vet's phone number \_\_\_\_\_ Date of last vet visit \_\_\_\_\_

Date of last heartworm test \_\_\_\_\_ Result:  positive  negative

Date of last DHLPP \_\_\_\_\_ Date of last rabies shot \_\_\_\_\_

Date of last Bordetella shot \_\_\_\_\_ Date of last fecal specimen \_\_\_\_\_ result \_\_\_\_\_

Date last heartworm preventive dose given \_\_\_\_\_ Brand of preventive \_\_\_\_\_

Does your dog have any health issues?  Yes  No

If yes, please list them \_\_\_\_\_

Does your dog take any medicines other than heartworm preventive?  Yes  No

If yes please list them \_\_\_\_\_

Does your dog have a microchip?  Yes  No Microchip number \_\_\_\_\_

May we contact your vet?  Yes  No

Vet Name \_\_\_\_\_ Vet Phone Number \_\_\_\_\_

Why do you want to give your Golden up for adoption? *Please be as specific as you can.*



When did you get your dog? \_\_\_\_\_

Where did you get your dog? (breeder, shelter, pet store, other) \_\_\_\_\_

What is your dog's energy level?       low       medium       high

Can you take food away from your dog while he's eating?       Yes       No

Can you take food out of his mouth?       Yes       No

Can you take a toy away from your dog?       Yes       No

Can you grab your dog by his collar?       Yes       No

If not why not? \_\_\_\_\_

Can you handle your dog's feet?       Yes       No

Does he like to swim?       Yes       No       Never tried

Does he like to go for car rides       Yes       No       Never tried

What terms would you use to describe your dog? Mark all that apply.

- Family dog
- 1 person dog
- Shy
- Friendly
- Destructive
- Obedient

- Quiet
- Playful
- Aggressive
- Noisy
- Easy going
- Other \_\_\_\_\_

Does your dog:

- Bark incessantly?       Yes       No
- Dig?       Yes       No
- Protect his food?       Yes       No
- Destroy toys?       Yes       No

- Protect his toys?       Yes       No
- Jump fences?       Yes       No
- Wet submissively?       Yes       No
- chew objects other than his own?       Yes       No

If loose outdoors, how hard is it to get your dog to come back to you?

- Impossible
- Very hard
- Takes a few minutes
- Comes on command

Where does your dog spend most of his time?

- Outdoors loose
- Outdoors on a chain
- Outdoors in a run/kennel
- Indoors in a crate
- Indoors loose



Tell us about your dog (personality, etc)

What does your dog like?

What does your dog dislike?

Is he afraid of anything?

Is he afraid of thunderstorms?  Yes  No

Loud noises?  Yes  No

How does your dog behave:

Around other dogs? \_\_\_\_\_

Around cats? \_\_\_\_\_

Around children? \_\_\_\_\_

Around strangers? \_\_\_\_\_

What does your dog do if another dog approaches while he has a toy he's playing with?

What does your dog do if another dog approaches while he's eating?

Has your dog had any obedience training? ?  Yes  No If yes, describe.



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How much time does he spend alone each day? Where is the dog when he is alone?

How do you exercise him? Describe.

Has your dog ever growled at anyone?  Yes  No If yes, describe.

Has your dog ever bitten anyone?  Yes  No If yes, describe.

What does your dog eat?

What is his daily routine?



AGREEMENT TO RELEASE INFORMATION TO GRRACE

I/we hereby authorize use or disclosure of our pet's health information to GRRACE, Inc. [Golden Retriever Rescue and Community Education, In.] and its representatives. Its address: P.O. Box 513, Plainfield, IN 46168. The specific information that should be disclosed is: All medical records, including but not limited to, charts, diagnostic test results, lab reports, x-rays, veterinarian orders, nursing notes, all hospital records, medical bills, correspondence and all other materials contained in pet's medical files. This release shall also allow for the provider identified previously in this form to speak with representatives/volunteers with GRRACE, Inc. I/We may revoke this authorization by notifying the veterinarian identified above, in writing, of my/our desire to revoke it. However, I/we understand that any action already taken in reliance on this authorization cannot be reversed, and my/our revocation will not affect those actions.

I/We agree  Yes  No

**I, being the owner of the dog listed above, hereby guarantee that all information stated above, in relation to this dog's history with regards to biting, growling, or any other act of aggression, has been accurately described above. I understand that should GRRACE Inc. take ownership of the dog and should determination ever be made that the biting/growling history of this dog be proven to have been misrepresented, then I will be solely responsible for any costs, attorney fees, and medical/surgical bills resulting from my misrepresentation of the dog's prior history. I certify that I am the sole owner of this dog (if there are co-owners, all co-owners must also sign this document). I understand and agree to the above conditions in this document**

I/We agree  Yes  No

**When you have finished filling out this form, save this file to your computer. Then, open your email program and attach the saved file to an email to [our intake coordinator](#).**