

Animal Rescue of Fresno

"A No Kill Dog Adoption Center"

Intake Information Sheet

DOG INFORMATION

Intake Date

Dog's Name: _____
Breed: _____
Microchipped: Yes No Chip Number: _____

Sex: Female Male
Age: _____
Spayed/Neutered: Yes No

OWNER RELINQUISHMENTS

Why are you giving up your dog? _____

Where did you get your dog? _____

How old was your dog when you adopted him/her? _____

How long have you had your dog? _____

Household History

My dogs' behaviors are:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Rides well in car | <input type="checkbox"/> Good with small kids | <input type="checkbox"/> Good with big kids |
| <input type="checkbox"/> High energy | <input type="checkbox"/> Calm/Quiet | <input type="checkbox"/> Likes cats | <input type="checkbox"/> Dislikes cats |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Fearful | <input type="checkbox"/> Untrained | <input type="checkbox"/> Walks/Sits on leash |
| <input type="checkbox"/> Destructive | <input type="checkbox"/> Chews | <input type="checkbox"/> Digs | <input type="checkbox"/> Jumps on people |
| <input type="checkbox"/> Fence climber | <input type="checkbox"/> Fence jumper | <input type="checkbox"/> Does Tricks | <input type="checkbox"/> Attended Obedience Class |

Has your dog ever snapped, bitten, or shown aggression: Yes No

If yes, please explain: _____

Do you take your dog outside to go to the bathroom? No Yes Paper trained

If yes, how many times a day does the dog go out?

How does this dog let you know it needs to go outside?

Does your dog have accidents in the house? No Yes

If yes, how often? Daily A few times a week A few times a month A few times a year

If yes, does your dog: Urinate Defecate Both

Is the dog crate trained? Yes No

If yes, how long did the dog spend in the crate each day?

How long can your dog "hold it"?

- Not at all 1-3 hours 4-8 hours 8-12 hours 12+ hours

How long is your dog left alone, without people?

- Never 1-3 hours 4-8 hours 9-12 hours Over 12 hours

When alone, is your dog: Outdoors Free in the house Confined to a room Crated

Other (please describe)

When left alone does your dog:

- Destroy household items Urinate Defecate Bark Cry None

If your dog destroys household items check all that apply: Chews woodwork/walls

- Chews windows/doors Chews furniture Chews clothing/shoes Chews toys

Canine Profile

Other N/A

When you are home, does your dog?

- Destroy household items
- Urinate
- Defecate
- Bark
- Cry
- No issues
- Other _____

How does your dog react to bathing / handling such as petting or hugging?

Are there areas on the dog's body your dog does NOT like to be touched?

- Ears
- Mouth
- Tail
- Collar
- Rear end
- Paws/ nails
- Can touch dog anywhere
- Other _____

If touched in the above place(s), how does your dog respond? Moves away Shows teeth Growls

Snaps Bites No reaction

Doesn't react negatively when touched anywhere

Other _____

Is the dog permitted to sit and/or sleep on furniture? Yes No

How does your dog behave in the car? Enjoys Afraid Resists entering

Sleeps Barks Vomits Urinates/Defecates Never tried

Fine in a crate / restraint

What words does this dog understand?

- Sit
- Stay
- Down
- Off
- Treat/cookie
- Come
- Leave it
- Drop
- No
- Doesn't know any commands
- Fetch
- Okay
- Heel
- Quiet
- Other _____

What are the dog's favorite kinds of toys?

Possessive History _____

How does your dog react when you or another family member... (check appropriate boxes)	Noreaction	Nevertried	Allows	Lunges	Shows teeth	Growls	Snaps	Bites	Other (please describe)
...pet him/her or touch the bowl or food while eating									
...pet him/her or touch a bone, rawhide, pig's ear or other delicious edible while chewing									
...pet him/her or touch a stolen food item									
...pet him/her or touch a stolen object (tissue, shoe, sock, etc.)									
...pet him/her or touch a toy in his/her mouth									
...pet him/her or move him/her while sleeping									
...push or pull him/her off of furniture									
...approach him/her while next to another family member									

Medical History and Behavior towards the Veterinarian

My dog has or had the following health issues (Parvo, Distemper, Allergies or any medical condition your Vet has treated the dog for _____

Has your dog ever had surgery? Yes No Unknown

If yes, please explain:

How does your dog behave during visits to the vet?

Does your dog have to be muzzled at the vet? No Yes

Is there anything else we should know about your dog's medical history?

Behavior History

Is there anything you want a new family to know about your dog's interaction with?

Men _____

Women _____

Children _____

Dogs _____

Cats _____

Other _____

Please tell us about your dog's "bad habits" or fears (chewing shoes, jumping on counters or people, hiding during thunderstorms etc): _____

Are there any wonderful, special traits or habits that you would like his/her new family to know about?

Has your dog had official training with a professional? If so when was that and with what trainer or facility. (example Petco, PetSmart)

Medical History of Vaccinations

Date of Last Shots? _____

Date of Last Heartworm Check? _____

What type of Heartworm

Preventative do you use? _____

What is the dog's vet's name, and how can we contact them?

ARF is committed to finding homes for adoptable dogs – meaning dogs that are healthy and free of serious behavior problems. Dogs are euthanized only if they are too sick to be rehabilitated, or too aggressive to be placed safely in a home. The decision to euthanize a dog is not taken lightly and EVERY effort is made to rehabilitate a dog so that euthanasia is not necessary.

INITIALS: _____

I attest that I am the legal owner of the dog described above and hereby transfer all ownership rights of this dog to *Animal Rescue of Fresno*. All information that I have included on this form is truthful and accurate. I understand that I will be asked to reclaim this dog if he/she begins to exhibit negative behavior including, but not limited to, excessive barking, fence jumping, aggressiveness toward people or other dogs. If the dog is not reclaimed as requested, he/she could be transferred to the CCSPCA

Signature: _____

Date Signed: _____

Printed Name: _____

Phone: _____

Email: _____

Address: _____

NUMBER

STREET

APT

CITY

STATE

ZIP

May possible adopters/ or new owners contact you for more information on your former dog? YES /NO

Owner Relinquish Fee depends on what is needed with the dog. After our intake observation/testing the fee may be higher than originally quoted below. (examples dog needs dental, broken leg, tumors etc)

If current on shots and altered \$50.00 (we need proof of vaccinations and spay or neuter)

If the dog is not altered and no shots \$100

ARF Representative: _____ Donation \$ _____

Approved: **Yes** **No**

President's Signature: