

NEW ENGLAND OLD ENGLISH SHEEPDOG RESCUE, INC.
QUESTIONS FOR SOMEONE GIVING UP A DOG

If you need to surrender your pet be advised that though we do not have an age limit – we generally do not accept animals that are aggressive or have a bite history.

Date: _____ Dog's name _____ Age _____

Present owner _____

Address _____ Email _____

Home phone _____ Work phone _____

Children _____ how many _____ ages _____

Other animals _____ how many _____ types _____

Where did you get this OES? _____

Name of breeder/pet store _____

Address & phone of breeder/pet store _____

How long have you owned the dog _____

Reason for giving up _____

Sex ___ Spayed _____ Altered _____ Tail _____ AKC records _____

Coat length (puppy cut, full length, shaved?) _____ Last groomed? (date) _____

Groomer's name, address, phone _____

Does dog need to be groomed now? _____ matted _____ bath _____

How does dog react to being groomed? _____

Food type _____

Feeding schedule _____

Housebroken? _____ If yes, how long can dog left? _____

What signal does dog give? _____

Is dog on lead or left alone for "potty"? _____

Any information about the previous owner will be appreciated in the space below.

Previous owner's name _____

Address _____ Email _____

Phone (home) _____ (work) _____

Children _____ how many _____ ages _____

Other animals _____ how many _____ types _____

Reason for giving up _____

Veterinarian _____

Address _____

Telephone _____

Commands dog responds to:

Please answer either (always - sometimes - never)

Sit _____ Down _____ Stay _____ Come _____ Heel _____

Others _____

Is dog leash trained? _____ if yes (good-fair-bad) _____

Is your yard fenced? _____ Is dog allowed to run loose? _____ On leash at all times? _____

Can you take dog for a walk off leash? _____

Comments _____

Health History

Do you have all medical records with you? _____

Your Veterinarian' name _____

Address,phone _____

Rabies _____ Tag # _____ date _____

Distemper _____ date _____

Hepatitis _____ date _____

Parainfluenza _____ date _____

Parvovirus _____ date _____

Leptospirosis _____ date _____

Bordetella _____ date _____

Corona _____ date _____

Fecal _____ date _____

Heartworm - date tested _____ last given _____ type used _____

Weight _____ Please describe general health - including history of arthritis, colitis, skin problems, allergies, etc. Also, urine & bowel control: _____

Typical day for the dog

Please list what the dog is doing and with whom during the following times:

5:00am _____

6:00am _____

7:00am _____

8:00am _____

9:00am _____

10:00am _____

11:00am _____
12:00 noon _____
1:00pm _____
2:00pm _____
3:00pm _____
4:00pm _____
5:00pm _____
6:00pm _____
7:00pm _____
8:00pm _____
9:00pm _____
10:00pm _____
11:00pm _____
12:00midnight _____
1:00 to 4 am _____

How many hours (maximum) can this OES stay alone? _____

How does dog behave when alone? _____

Is dog confined or allowed run of the house when alone? _____

Has dog been crate trained? _____

Please circle one below. When left alone inside, is dog: loose? confined to one room?
crated? in basement?

Temperament

Please check all that best describe the dog:

aggressive____ confident____ dominate____ excitable____ hardheaded____
laid-back____ nervous____ responsive____ sedate____ shy____
stubborn____ submissive____ timid____ hyper____ puppyish____
cooperative____ frantic____

Characteristics and Peculiarities

The following is a list of dog behavior problems. Please list either (always - sometimes - never). If always or sometimes, please describe (when, where, why, etc.).

Barking excessively - under what conditions? _____

Begging _____

Biting - under what circumstances? _____

Growling _____ when _____ Showing teeth _____ when _____

Car behavior when riding _____

Car chasing _____

Car sickness _____

Cat chasing _____

Chewing - destructive _____

Digging _____

Dog fighting _____

Excessive wetting _____

Food guarding _____

Garbage ransacking _____

Grooming _____

Herding _____

Housebreaking "mistakes" _____

Jealousy _____

How is dog with children, and can dog be trusted with infants and small children? _____

Protective? _____ Of whom? _____

How does dog react with strangers, other dogs and animals? _____

Jumping fences _____

Jumping on furniture _____

Jumping on people _____

Leash rejection _____

Pulling on leash _____

Mounting _____

Nipping and mouthing _____

Fear of confinement _____

Fear of noises _____

Fear of people _____

Running away _____

Stealing food _____

Separation anxiety _____

Unique #1 _____

Unique #2 _____

Unique #3 _____

How soon must you, or how desperate are you to give up the dog? Would you be willing to keep the dog until it is placed? _____

Before this dog can be placed in a new home, he must be groomed, updated on inoculations and have a current heartworm test. We also recommend that the dog be altered. If the owner is unable to do these things, we ask for a donation to help cover these expenses. We realize that every situation is different and our main concern is the welfare of the dog. Thank you for your cooperation. I, (owner of said dog), have read, understood, and answered all of the above questions completely and honestly, making no misrepresentations concerning the temperament, health or behavior of the above named dog.

Date _____

Signed _____

(owner)

(witness)

Send completed form to:

NEOESR, Inc, 49 Stonehedge Road, Lincoln, MA 01773
781-819-0131 placement@neoesr.org Fax: 1-855-710-7395