



New Intake Form

1. Dog's Name: _____ 2. Sex: _____ 3. Age _____
4. Breed: _____
5. Weight: _____
6. Spayed or Neutered? _____. If No, is it possible to get this done prior to leaving your shelter?
7. Where did the dog originate from?
 - a. Stray
 - b. Owner Release
 - c. Other: _____
8. Is he/she housetrained? _____
9. Is he/she crate trained? _____
10. How long has this dog been in your care? _____
11. What, if any, history do you have on this pet? _____

12. What is this pet's disability? _____

13. Does the disability currently require any medication or medical attention? _____

14. Is this dog on a special diet, if yes please describe? _____
15. Is transportation available for this pet? _____

Temperament Profile

PWD is a "Free Range" facility. We house dogs together and let them roam in the field together, so it is **IMPERATIVE** that they are **VERY** dog friendly.

16. Is he/she good with other dogs? _____

17. How do you test dog on dog interactions?

18. Would you be able to send us a video clip of dog on dog interaction with this particular dog? _____

19. Is he/she good with cats? _____

20. Is he/she good with kids? _____

21. Has any food aggression been noticed with this pet, If yes, please explain circumstances? _____

22. What is the overall temperament of this dog? Please explain in as much detail as possible. _____

23. Has any aggressive/anxiety behaviors been seen with this pet? Please Explain. _____

24. Does this dog know any obedience commands? _____

25. Is he/she good on leash? _____

26. Does he/she like to play with toys? _____

27. Has any separation anxiety been noticed? _____

28. Can you provide us with a couple photos of the dog?

Medical History

29. Has this pet been seen by a veterinarian recently?
30. Vet Name: _____ Number: _____
31. Has he/she been tested for Heartworm? _____
 a. Positive? _____
 b. Negative? _____
32. What kind of heartworm test do you use? _____
33. Rabies vaccination date? _____
 a. Expiration date: _____
 b. Tag No: _____
34. Distemper date? _____
35. Bordetella date? _____
36. Dewormer date and type? _____
37. Is this pet Microchipped? _____
 a. If yes, what is the Microchip
 Number: _____
38. What medication(s) is the dog currently taking? And
 reason? _____

Shelter Information

Your shelter Name: _____
Contact Person: _____
Phone Number: _____
Email: _____
Fax: _____

What will we need to provide to you?

- Copy of 501 c 3 Non Profit Satus
- Adoption Contract
- Vet Reference

Please note if any additional information is
needed: _____
