

American Bouvier Rescue League Application to Surrender

Name of Dog: _____ Sex: (M) or (F)

Pure Bred Bouvier: (Yes) (No) AKC #: _____

Age: _____ Birthdate: _____

Owner(s): _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

1. Is dog (Spayed) or (Neutered) or (Intact)

2. Licensed in city, state or county? _____

3. How long have you owned this dog? _____

4. Where did you get the dog ?(please circle)

Breeder Pet Store Shelter Stray

Other: _____

Dog's breeder : _____

Does the breeder know that the dog needs a new home? (Y) or (N)

5. Why are you giving up the dog? Please be specific.

6. Is this dog housebroken (Y) (N)

7. Has the dog every been neglected or abused? _____

8. Is the dog friendly with:

Adults: (Y) or (N) Strangers: (Y) or (N) Men: (Y) or (N)

Women: (Y) or (N) Other dogs: (Y) or (N) Cats: (Y) or (N)

Children: (Y) or (N) (give ages)?

9. Does the dog alarm bark? _____

10. Do you consider the dog to be protective? _____

11. Has the dog ever bitten anyone or shown other signs of aggression?
(Y) or (N) If yes, describe the circumstances on a separate sheet of
paper.

12. Has the dog ever received obedience training? (Y) or (N) Where?

13. Was the animal kept (indoors) or (outdoors).

14. How often and what type of exercise does the dog get?

15. Why type and brand of food is the dog currently eating?

(Dry) (Moist) (Canned) Brand: _____

Any food it cannot eat? _____

16. Please circle if the dog know the following commands:

(Sit) (Down) (Stay) (Heel) (Come)

Others: _____

17. Is the dog currently under veterinarian care? (Y) or (N)

Name of the veterinarian: _____

Vet address: _____

Vet City: _____ State: _____ Zip Code: _____

Vet phone number: _____

18. Date the dog last receive the following:

Rabies Vaccination: (1 or 3 year vaccination): _____

DHLPP Vaccination: (distemper/parvo): _____

Heartworm test: (positive/negative): _____

Bordetella: (kennel cough) _____

Lyme disease vaccination: _____

Worming: _____

19. a. Is the dog currently taking heartworm preventative? (Y) or (N)
If yes, what? _____ Date last given: _____
b. Is anything used for flea control? (Y) or (N) If yes, what? _____
Date last used: _____

20. Does the dog have any of the following:
Heart problem: _____ Allergies: _____
Respiratory problem: _____ Hepatitis: _____
Skin problems: _____ Diabetes: _____
Digestive problems: _____ Muscular disease: _____
Eye problems: _____ Dental problems: _____
Hip Dysplasia: _____ Cancer: _____
Other: _____

Explain any "yes" answers on back separately.

21. Are you aware of any other medical or behavioral problems that would be important to someone interested in adopting this dog?

22. Are you willing to allow the dog to remain with you until an appropriate home is found? (Y) or (N)

If not, when do you need to transfer possession of the dog?

Add any other comments, especially about the dog's good points on a separate page. Please provide a picture, if possible.