**Milagro Boston Terrier Rescue**

**OWNER SURRENDER**

INTAKE QUESTIONNAIRE

Please tell us everything you can about your dog. Please be truthful and let us know everything - both good and bad

as all information will help make your dog’s transition as easy as possible and will allow us to find the best match for a new home.

Please return this completed Questionnaire to us by email mitzidhobson@gmail.com and email us a photo of your dog.

Once we have received and reviewed your completed Questionnaire and a photo we will contact you to discuss the surrender of your dog.

Name:

Address: (House Number and Street, City and Zip)

Email Address:

Phone number to contact you:

Dog's name:

Male \_\_\_\_ or Female \_\_\_\_

Neutered/Spayed? Yes \_\_\_\_ No \_\_\_\_

DOB/Age:

Is this dog micro chipped? Yes \_\_\_\_ No \_\_\_\_

(Please provide microchip tag) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you owned this dog? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you originally get this dog?

Breeder’s Name:

AKC Registration #:

License #:

Issuing City:

Name of Veterinarian?

How much does this dog weigh?

Is the dog housebroken?

Where does your dog stay during the day?

Where does your dog sleep?

How does your dog act when you leave them home alone?

Is he/she usually loose or contained by gate or crate?

Destruction Problems? Shoes [\_\_] Furniture [\_\_] Paper[\_\_] Other?

Known health problems, past and present?

Injuries or illnesses?

Known Allergies?

Current Medications?

Vaccines (rabies, distemper, parvo) up to date? Yes:\_\_\_\_ No: \_\_\_\_

If no, when are they due?

Good with Children? Yes \_\_\_\_No \_\_\_\_

If no, explain:

Men? Yes \_\_\_\_ No \_\_\_\_

If no, explain:

Women? Yes \_\_\_\_ No \_\_\_\_

If no, explain:

Cats? Yes \_\_\_\_ No \_\_\_\_

If no, explain:

Other dogs? Yes \_\_\_\_ No \_\_\_\_

If no, explain:

Behavioral Problems (Include any issues with other animals or with people and explain):

Has your dog ever attacked another animal? Yes \_\_\_\_ No \_\_\_\_

If Yes, please give all details:

Has your dog ever bitten, or attempted to bite a person? Yes \_\_\_\_ No \_\_\_\_

If Yes, please give all details:

Reason for surrender:

Other important information we should know:

I understand the NM Boston Terrier Rescue requires all unaltered dogs to be neutered or spayed prior to adoption. I also understand that NM Boston Terrier Rescue may want to check the dog’s medical records with the veterinarian named in this release. Therefore, I agree that NM Boston Terrier Rescue may contact the veterinarian with my permission. I hereby release all control and claim to this dog and declare that the above information is true and correct to the best of my knowledge.

I understand that this is a permanent decision on my part and I am not entitled to receive reports on this dog or be given any information on its adoptive family or the dog’s whereabouts.

By my signature I fully understand that I relinquish all rights to the above mentioned dog.

Signature of Current Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_