

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 along with a photo of your dog to us by email mitzidhobson@gmail.com.

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 _____ Female _____

Neutered/Spayed? Yes _____ No _____

DOB/Age: _____ / _____

Is this dog micro chipped? Yes _____ No _____

(Please provide microchip tag number) _____

How long have you owned this dog? _____

Where did you originally get this dog? _____

Breeder's Name (if applicable): _____

AKC Registration # (if applicable): _____

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 allowed full access to home or contained by gate or crate? _____

Destruction Problems? Shoes _____ Furniture _____ Paper _____ Other? _____

If other, please explain: _____

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? _____

Heartworm Prevention? Yes: _____ No: _____ If yes, when: _____

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: _____

Any 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 and if the dog being surrendered is unaltered, this will be done either by the owner surrendering or the NMBTR 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: _____