



STANDARD SCHNAUZER CLUB OF AMERICA

RESCUE PROGRAM

PET INFORMATION FORM

In an effort to guide us in placing your dog in the best possible new home, please complete this form as completely and honestly as possible. In addition to this form, we will need:

- One or two recent photos of your dog (preferably a head shot and a full-body profile).
- Your pet's complete medical records, including a list of all current medications (be sure to include flea and tick treatments and heartworm preventatives). (You can ask your veterinarian to send the vet records to us if it's easier for you.)
- Your pet's AKC registration.

We ensure that all of our rescued dogs are up-to-date on required vaccinations prior to adoption. We have limited resources, so the medical records will help us ensure that we spend our funds wisely. We will not refuse to accept a dog into our rescue program because it is not up-to-date on vaccinations, needs to be spayed or neutered, or has medical issues, but we appreciate any donation you can make to help off-set our costs.

Please print legibly. You may attach additional pages if necessary.

Your Name:	
Address:	
Email Address:	
Phone Number (cell):	
Phone Number (home):	
Donation:	

Dog's Name:	
AKC Registered Name:	

Gender:	
Date of Birth:	
Approximate Age:	
Approximate Weight:	
Color:	<input type="checkbox"/> Black <input type="checkbox"/> Pepper and Salt
Ear Type:	<input type="checkbox"/> Cropped <input type="checkbox"/> Uncropped
Tail Type:	<input type="checkbox"/> Docked <input type="checkbox"/> Undocked
Distinctive Markings or Characteristics:	

Where did you get this dog?	
<input type="checkbox"/> Breeder	<input type="checkbox"/> Friend/Relative
<input type="checkbox"/> Gift	<input type="checkbox"/> Pet Store
<input type="checkbox"/> Rescue	<input type="checkbox"/> Shelter
<input type="checkbox"/> Stray	<input type="checkbox"/> Other
How long have you owned this dog?	
How many people are in your household?	
<input type="checkbox"/> Adult Females	<input type="checkbox"/> Adult Males
<input type="checkbox"/> Female Children	<input type="checkbox"/> Male Children
Ages: _____	Ages: _____

Veterinarian (name, clinic, and phone number):	
Is this dog microchipped?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Brand:	
Number:	

Is this dog crate-trained?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does he/she like the crate?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is this dog house-trained?:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is this dog leash-trained?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does this dog get along with other dogs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does this dog like to play with other dogs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does this dog get along with cats?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does this dog ride well in a car?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does this dog get along with children?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has this dog lived with children?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, what age(s)?		
Does this dog have any known medical or behavioral problems? If yes, please specify.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has this dog ever growled, bitten, or shown any aggressive behaviors toward people or other animals? If yes, to whom and under what circumstances?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Is this dog possessive of toys, food, or his people? If yes, please explain:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has this dog lived with other animals? If yes, please provide details:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Approximately how many hours a day is your dog alone?		
How frequently must he go outside?		
How do you exercise your dog?		
Does this dog walk on a leash without pulling?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
During the day, is this dog happiest in ...?		
At night, is this dog happiest in ...?		
Has this dog been obedience trained?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Please describe the personality and temperament of your Standard Schnauzer:		
What food do you feed your dog (include brand name, flavor, and whether it is a dry food, canned, or in a pouch)?		
Quantity and frequency?		
Does your dog get any treats?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, which ones does he like?		
Does your dog have any food allergies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, what are they?		
Does your dog have any other allergies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, what are they?		
How do you treat these allergies?		
Is your dog currently on any medications? (Include heartworm preventative and flea/tick medications.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, please list each medication, what it is for, and when it's given:		
Is your dog afraid of any specific items or noises (including storms)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, please explain:		

How does your dog react to being left home alone?		
Has your dog ever jumped or climbed over a fence?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, please explain:		
Does your dog dig if left alone in the yard?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, please explain:		
Does your dog like to be petted or touched?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, please explain:		
Does your dog have any sensitive areas where (s)he doesn't like to be touched?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, please explain:		
How long since his last grooming?		
Are you able to trim your dog's nails?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
How does your dog behave during grooming?		
Does your dog like to play with toys/games?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, what kind?	<input type="checkbox"/> Ball <input type="checkbox"/> Fetch <input type="checkbox"/> Kongs <input type="checkbox"/> Ropes <input type="checkbox"/> Stuffed Animals <input type="checkbox"/> Other	<input type="checkbox"/> Chase <input type="checkbox"/> Frisbee <input type="checkbox"/> Rawhide <input type="checkbox"/> Rough House <input type="checkbox"/> Tug of War
Does your dog like to cuddle?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
What is the best way to get your dog to listen/obey?	<input type="checkbox"/> Correction <input type="checkbox"/> Praise	<input type="checkbox"/> Firm Voice <input type="checkbox"/> Treats
Has your SS ever growled or snapped at anyone who attempted to take away food or toys?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, please explain:		

Reason for rehoming:	

Please describe, in your opinion, the best type of home or home environment for this dog:

VERIFICATION: The undersigned warrants that he/she is the owner or authorized agent for the owner and that this dog is in good physical condition, has no diseases or infections, is not vicious, and does not have a history of biting or attacking people:

_____	Agree	_____	Disagree
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Any exceptions to these statements must be explained in response to the appropriate questions above (medical or behavioral problems, aggression, or possessiveness):

_____	Agree	_____	Disagree
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ALL STATEMENTS MADE IN THIS SURRENDERED PET INFORMATION FORM ARE TRUTHFUL TO THE BEST OF MY KNOWLEDGE. Verification (read the statement above and type your name here):

Signature:	
Printed Name:	
Date:	

Questions? Contact Mark Shaw at mnshaw@gmail.com or text 469-951-4513.

Return this form by email (in PDF format) to Mark or by mail to:

Mark Shaw
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