

Papillon Canada Rescue

Intake Form

Date: _____

Dog's information:

Registered name: _____

Call Name: _____

Color and general description: _____

Age: _____ Sex: M____ F____ Altered: Y____ No____

CKC/AKC registration number: _____ Tattoo number: _____

Microchip number: _____

Breeder: _____

Housebroken? Y____ N____ Barker? Y____ N____ Crate Trained? Y____ N____

Leash trained? Y____ N____ Good with children? Y____ N____

Good with people? Y____ N____ Good with other animals? Y____ N____

How is the dog's general health? _____

Is there a record of vaccinations? Y____ N____

Veterinarian's name, address and telephone: _____

What is the feeding schedule and type of food? _____

Owner's Information

Name: _____

Address (include prov., city, telephone and email): _____

Reasons for placement for adoption and urgency? _____

General disposition, condition and history of the animal (include previous homes)? _____

Have you contacted the breeder yet? _____

Other comments (e.g. likes car rides? used to sleeping in a bed?) _____

If the animal is abandoned:

Identification tags? _____

tattoo? _____

microchip? _____

location found and condition of animal when found _____
