



GoldHeart Golden Retriever Rescue, INC.
P.O. Box 394
Chester, MD 21619-0394
410-877-9697 / goldheart@goldheart.org

GOLDHEART INTAKE FORM

Directions: Please print and complete all sections of this six (6) page document, or insert unknown or N/A (not applicable). Your thorough completion will help GoldHeart better assess the dog's needs and guide placement into a loving and best-fit foster and/or forever home.

Options to submit Intake Form after completion with recent digital picture(s) of the dog.

- (1) Scan and email to goldheart@goldheart.org.
- (2) Take photo images of each page with smart phone and email to goldheart@goldheart.org.
- (3) Request a Word document version of this Form if you prefer typing in responses and do not have a scanner, by emailing request to GoldHeart@goldheart.org.
- (4) Use phone number above and leave message for verbal completion with GoldHeart representative.

OWNER NAME(S):

Address:

Phone(s):

Email:

DEADLINE FOR INTAKE?

INITIAL DATE OF CONTACT with GoldHeart Rep?

REFERENCES:

Please provide two non-family references that know you and your dog:

NAME	PHONE(S)	EMAIL

Give up Owner Acknowledgment

In submitting this Intake Form, I/we (give up owners) acknowledge that all information provided is true and correct to the extent known about our dog, and I/we give GoldHeart and its representative's permission to check any LISTED references.

Signature(s):

Date:

TODAY'S DATE	
DOG NAME	
DOG NICKNAMES	
DOG DOB	
DOG AGE (ESTIMATE IF DOB NOT KNOWN)	
SEX (M or F)	
IS DOG SPAYED OR NEUTERED (Yes or No) AND IF YES, WHEN (Month/Year)	
WEIGHT	
COLOR/COAT	
PUREBRED GOLDEN (Yes or Golden Mix and describe mix if known)	
MICROCHIP OR TATTOO (Yes /No)	
MICROCHIP MFG AND NUMBER	
OTHER MARKINGS	

1. REASON FOR GIVE UP?

2. HOW OLD WAS DOG WHEN ACQUIRED?

3. NAME OF BREEDER/PLACE PURCHASED/HOW OBTAINED?

4. DOG'S VET/PRACTICE NAME:

- a. Address
- b. Phone Number
- c. Contact name

5. VACCINE STATUS (e.g., Rabies, Distemper, etc. include date last given and when next due)?

6. TAKES HEARTWORM (MONTHLY) PREVENTIVE Y OR N?

a. If Yes, Brand (e.g., Heartgard, Sentinel)?

b. Last given on?

7. TREATED FOR FLEAS AND TICKS Y OR N?

a. If Yes, Brand, e.g., Frontline, Nexgard)?

b. Last given on?

8. MEDICAL ISSUES/MEDICATIONS?

9. DATE OF LAST VET VISIT?

10. HOUSEBROKEN (Y or N)?

11. Reliable how long?

12. SPENDS DAYS WHERE?

13. SPENDS NIGHTS WHERE?

14. AVERAGE TIME ALONE DURING THE DAY?

15. LIVING WITH OTHER ANIMALS (LIST TYPE - SEX - AGE OF EACH)?

16. HOW IS DOG WITH NEW DOGS COMING INTO HOUSE?

17. HOW IS DOG WITH NEW CATS COMING INTO HOUSE?

18. HAS THE DOG EVER BITTEN ANOTHER ANIMAL (Y or N and type of animal)?

a. Veterinary Attention Needed (Y or N)?

b. What caused it and how often does it occur?

19. WHAT AGES OF CHILDREN HAS DOG LIVED WITH/BEEN AROUND?

20. HAS THE DOG EVER BITTEN A HUMAN (Y or N)?

- a. Professional Medication Attention (Y or N)?
- b. Bite Report Filed (Medical Facility Name, County/State)?
- c. If no bite report, was skin broken (Y or N)?
- d. Describe Circumstances/Frequency?

21. WHEN WAS THE LAST TIME YOUR DOG EVER GROWLED OR SNAPPED AT ADULT OR CHILD?

- a. What caused it and how often does this occur?

- b. What have you done when the dog did/does this?

22. CAN ANYONE WALK BY THE DOG WHEN EATING?

23. CAN A CHILD OR ADULT TAKE FOOD, TOYS, BONES, RAWHIDE OUT OF HIS MOUTH OR NEAR HIM?

24. CAN ANOTHER DOG TAKE A TOY AWAY OR GO NEAR FOOD?

25. DOES THE DOG GO IN THE TRASH, STEAL FOOD, COUNTERSURF?

- a. How do you handle it?

- b. What is dog's reaction when corrected?

26. DOES THE DOG CHEW THINGS IT SHOULDN'T?

27. IS THE DOG ALLOWED ON FURNITURE OR BEDS?

- a. If not, what do you do when he gets on it, and how does the dog react?

28. WHAT COMMANDS DOES YOUR DOG KNOW?

- a. How reliable is your dog at obeying?

29. HAS HE HAD ANY FORMAL OBEDIENCE TRAINING (Y or N):

- a. Facility/Trainer Name

- b. Training type (basic, advanced, rally, etc).

30. WHEN WAS THE LAST TIME THE DOG WAS IN A CRATE?

- a. Will your dog go in a crate willingly?

31. IS YOUR DOG CURRENTLY IN A HOME WITH A FENCED YARD (Y or N)?

- a. Type (describe physical type, e.g., 4 ft chain link, or electric)?

32. DOES YOUR DOG TRY TO MOUNT CHILDREN, ADULTS or OTHER DOGS?

- a. How do you handle it?

**33. WHILE PETTING, GROOMING, ETC. IS THERE ANY PART DOG DOESN'T LIKE YOU TO TOUCH?
DESCRIBE WHERE AND BEHAVIOR:**

34. CAN YOU GRAB DOG BY COLLAR?

35. DOES DOG LIKE TO RIDE IN A CAR?

- a. Gets Carsick (Y or N)?

36. LIKE WATER/SWIMMING?

37. PLAYS WHICH GAMES? FAVORITE TOYS?

38. EATS FOOD BRAND?

- a. How Much?
- b. How Often?

39. HOW DOES DOG REACT TO STRANGERS AT THE DOOR?

40. DISLIKES ANY CLASS OF PEOPLE (UNIFORMS, MEN, ETC)?

41. HOW DOES THE DOG REACT WHEN SOMEONE COMES TOWARDS OR INTO THE YARD, ETC, CHILD TO RETRIEVE BALL?

42. HOW ARE THE DOG'S WALK ON LEASH MANNERS?

43. HOW DOES THE DOG REACT WHEN MEETING STRANGERS (HUMANS) ON LEASH?

44. HOW DOES THE DOG REACT MEETING OTHER DOGS (BOTH ON AND OFF LEASH)?

45. IS THERE ANYTHING THAT MAKES THE DOG RUN, HIDE, COWER? (e.g., Thunder, loud noises, etc)?

- a. Where does he hide?
- b. How does he react if you try to remove from the hiding spot?

46. OTHER – what we DIDN'T ask, and will be helpful for us to know? (please add additional pages as necessary)