



# Franklin Animal Shelter

## Dog Intake Form

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

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Telephone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dogs Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male;  Female

Spayed or Neutered:  Yes;  No

Breed: \_\_\_\_\_

Where did you obtain the dog?

Humane Society

Breeder

Pet Shop

Friend

Other: \_\_\_\_\_

Why is the dog being surrendered?

How long has the dog been owned? \_\_\_\_\_

How would you describe the dog?

Family Dog

Dog for Adults Only

1 Person Dog

Watch Dog

Other: \_\_\_\_\_

Is the dog housebroken?  Yes;  No

How often must the dog go out daily? \_\_\_\_\_ times

What food is the dog fed? \_\_\_\_\_

Is the dog the only dog in the home?  Yes;  No

If no, list the breed, age and sex of others:

Dog Breed	Age	Sex

Does the dog live with other animals in the home?  Yes;  No

If yes, list the species, age and sex of other animals:

Species	Age	Sex

Has the dog ever bitten?  Yes;  No

If yes, who/what did the dog bite?  Another animal;  Adult;  Child.

Where is the dog kept when you leave home?

<input type="radio"/> Loose in the home	<input type="radio"/> Tied/chained in yard	<input type="radio"/> Restricted to a room(s)
<input type="radio"/> Caged or crated	<input type="radio"/> Placed in outside kennel	<input type="radio"/> Loose in yard

Is the dog destructive when left alone?  Yes;  No

If yes, what are the behaviors? (Check all that apply)

<input type="radio"/> Barks	<input type="radio"/> Scratches doors or windows
<input type="radio"/> Chews	<input type="radio"/> Pees or Poos in home
<input type="radio"/> Other:	

What steps have you taken to correct inappropriate behaviors?

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How has the dog been contained when outside?

<input type="radio"/> Chained/Tied	<input type="radio"/> Loose
<input type="radio"/> Fenced	<input type="radio"/> Kenneled

What behavior does the dog display when unsupervised outside? (Check all that apply)

<input type="radio"/> Digs	<input type="radio"/> Escapes	<input type="radio"/> Barks continuously
<input type="radio"/> Barks at strangers	<input type="radio"/> Barks at other animals	<input type="radio"/> Seems content

Has the dog interacted continuously with children?  Yes;  No

If yes, what ages: \_\_\_\_\_

Can the dog be left safely with children?  Yes;  No

How does the dog play?  Roughly;  Politely

Has the dog received any formal training?  Yes;  No

If yes, where was the dog trained?

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Would you describe your dog as:

<input type="radio"/> Friendly	<input type="radio"/> Shy	<input type="radio"/> Protective
<input type="radio"/> Hyper	<input type="radio"/> Stubborn	<input type="radio"/> Other

Does the dog allow you to: Groom  Yes  No; Bathe  Yes  No; Trim Nails  Yes  No.

Does the dog display fear behavior?  Yes;  No

If yes, which behaviors? (Check all that apply)

<input type="radio"/> Visitors/Strangers	<input type="radio"/> Loud noises/Thunder
<input type="radio"/> Separation Anxiety	<input type="radio"/> Vacuum/Household Appliances
<input type="radio"/> Other	

Name/Address of Veterinarian:

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Date of Last Visit: \_\_\_\_\_ Vaccinations Up-to-date:  Yes;  No

(Please provide all vaccination records and other treatment records available.)

Has the dog displayed recent changes in behavior, activity or condition?  Yes;  No

If yes, please check all that apply:

<input type="radio"/> Loss of Appetite	<input type="radio"/> Limping	<input type="radio"/> Scooting on Butt
<input type="radio"/> Eye Disorder	<input type="radio"/> Gagging	<input type="radio"/> Bleeding of Gums
<input type="radio"/> Changes in Urination Patterns	<input type="radio"/> Depression	<input type="radio"/> Head Shaking
<input type="radio"/> Sneezing	<input type="radio"/> Breathing Problems	<input type="radio"/> Coughing
<input type="radio"/> Weakness	<input type="radio"/> Scratching	<input type="radio"/> Increase/Decrease of Water Intake
<input type="radio"/> Poor Balance	<input type="radio"/> Diarrhea	<input type="radio"/> Itching
<input type="radio"/> Other:		

**Owner's Acknowledgements:**

- I can no longer care for this dog and, by surrendering the dog to the Franklin Animal Shelter, I am relinquishing any and all ownership rights.
- I understand that by surrendering my dog I will be unable to determine its final disposition. I understand that the Franklin Animal Shelter will not sell animals for research, is a limited-access shelter and will not euthanize animals unless they are deemed unadoptable for health or demeanor reasons.
- I agree that neither the Shelter nor its employees will incur any obligation to me as a result of any disposition.
- I understand that if I wish to reclaim this dog, the Franklin Animal Shelter may or may not allow reclamation and I will be liable for all expenses, direct and indirect, incurred by the Shelter while in the custody of the Shelter.
- I assert that this dog is my property and has not been taken by another owner with or without his/her permission.
- To the best of my knowledge, this dog  is;  is not healthy.

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

If this form is completed and submitted via email, my initials serve as my signature until such time as I may sign it in person.

INITIALS