

- EVALUATION OF DOG -

Registered Name: _____ Call Name: _____
Sire: _____ Dam: _____
Birthdate: _____ Breeder: _____
Sex: _____ Neutered: _____ Color & Markings: _____
(Attach photo-copy of registration or blue slip if available)
Date Acquired: _____ From Whom: _____
Address: _____ Phone: _____
Shelter _____ Placement _____ Rescue _____ Found _____ Other _____
Physical Condition: Height _____ Weight _____ lbs. (be exact as possible)
Coat Condition: _____ Apparent Injuries: _____
Veterinary Evaluation: _____ *

*attach written copy when available

Care Given: DHL Rabies Parvo Vet Exam Fecal
Vet Treatment Heartworm Exam

TEMPERAMENT: Reactions to: Food: _____

Children: _____ Adults (familiar) _____
Adults (strangers): _____ Cars: _____
Shy? _____ Protective? _____ When? _____
Where? _____ Obedience Trained: _____
Reaction to Discipline: _____
Reaction to Other Dogs: _____
Reaction to Other Animals: _____
Housebroken: _____ Does he/she chew? _____ What? _____
Tendency to be destructive? _____ Of What? _____
Tendency to Chase? _____ What? _____
What height fence does it take to confine this dog? _____
Recommended type of placement (special conditions, use separate sheet
if necessary) _____

Signature of Evaluator: _____ Date: _____

cc: Rescue Chair
Breeder of Placement Dog
Evaluator