

English Cocker Spaniel Club of America (ECSCA) Rescue or Rehoming Intake form

Owner/Breeder Name: _____

Email Address: _____

Street Address: _____

City: State: Zip: _____

Phone Number: _____

Dog's Name: _____

Color: _____

DOB or approximate Age: _____ Purebred: Y N

Sex: _____ Neutered or Spayed: _____

Reason for giving up dog (simply stated): _____

GENERAL INFORMATION: Please try and answer the following questions to the best of your ability. Some questions may not apply. This information will help us to get to know your pet better and can be used to help us determine the proper placement for your dog.

Do we (ECSCA H & R Org) need to find the dog to foster home or will you be able to keep the dog till a good home is found? _____

If you do wish the dog go to an ECSCA H & R Org Rescue foster home, is there a date by which the dog needs to find housing? _____

How long have you owned the dog? _____

Where did you get the dog? _____

If you got the dog from a breeder, did you sign a contract to contact them if you had to give the dog up? Y N

Do you co-own the dog with anyone? Y N

If you did get the dog from a breeder, did you contact them first for help? Y N

If no, is there a reason you would not want the breeder contacted? _____

Does this pet have registration papers: Y N Unknown
(if yes confirm that the word "English" is there if not European, etc)

If applicable, where or with whom did he/she live before you? _____

Did you adopt this dog from another rescue? Y N

Was this pet found as a stray? Y N (if yes when and where) _____

What kind of food does the dog eat? _____

How much? _____ How often? _____

GENERAL HEALTH INFORMATION:

What is the dogs overall health status? _____

Please list disabilities if any: _____

Please list any medications your dog is on currently: _____

Has this pet seen a vet regularly? Y N Unknown

Date of last visit and reason: _____

Date of last dental if done: _____

Vaccinations (dates given if known) :rabies: _____ DHP _____ Bordatella _____ other _____

Heartworm Status: _____ Date of last test: _____

Is dog on heartworm preventive? Y N Unknown

If yes, please name product and date of last dose: _____

Is dog free of ticks and fleas? Y N Unknown

If known, name of preventative and date of last dose: _____

Has this pet been micro chipped or tattooed? Y N

If yes: please provide the number, registry and info to whom the dog is registered: _____

Name and contact info for vet: _____

Name of groomer and phone number: _____

GENERAL PERSONALITY ISSUES:

Does the dog growl inappropriately: Y N When? _____

Is the dog overly possessive of toys or food: Y N

Has this pet ever bitten or snapped at anyone: Y N

If a bite, was this bite documented? eg via medical record or police/animal control report: Y N

How did the incident occur? _____

Is this pet primarily kept: Inside Outside Is dog crate trained? Y N

Will he/she (try to) escape from a fenced area? Y N

Will he/she dig holes? Y N Bark excessively? Y N How is dog on leash? _____

Does he ride well in a car? Y N (crated or uncrated?)

Is this pet housetrained? Y N Is this pet trustworthy loose in the house? Y N

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Is this pet good with kids? Y N Unknown Is this pet good with other dogs? Y N Unknown

Is this pet good with cats? Y N Unknown

Is he/she used to being alone during the day? Y N Unknown How is the dog when left alone? _____

What sort of schedule is the dog used to? (including bathroom habits) _____

Where does the dog usually sleep? _____

What do you do with dog when you go away long term? Boarding facility Family/friends In-home sitter

Facility: _____ Phone # _____

(This information may be needed in case we have to board dog until a foster home becomes available)

What commands and/or words does he/she respond to? _____

What would you see as the ideal home? _____

Is there anything else we should know about the dog? _____

Would you be able to assist in transporting the dog to a foster home or part way? Y N

If so, how far can you travel? _____

Is this information complete and accurate to your best knowledge? _____

Please sign and date:

_____ Date _____



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