

## Long Island Golden Retriever Rescue, Inc. Intake Profile

Owner's Name: \_\_\_\_\_

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

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

Phone: Day: \_\_\_\_\_

Evening: \_\_\_\_\_

Cell: \_\_\_\_\_

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

Description of dog (Color, Weight): \_\_\_\_\_

Spayed/ Neutered? \_\_\_\_\_

How long have you owned this dog? \_\_\_\_\_

Are you the original owner? Y / N

Where did you get this dog? \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_\_

Name of Vet: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Is this dog currently on heartworm medication? Y / N

Does this dog have any of the following health problems present or past?

Lymes Disease	Heartworm positive	Ear infection	Skin problems	Allergies
Hip problems	Hit by car or accident	Thyroid disorder	Cancer	Ever been bred
Epilepsy	Other: _____			

Why do you want to give up this dog? \_\_\_\_\_

**Is this dog**

Housebroken?

Does it sometimes make "mistakes"?

Good with children?

Good with other dogs?

Good with cats?

Good with Other Animals?

Yes	No	Don't Know

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If NO please explain: \_\_\_\_\_

Ages of children at home: \_\_\_\_\_

Sex: \_\_\_\_\_

Where does this dog sleep? \_\_\_\_\_

Is dog allowed on furniture? Y / N

Where is this dog left when alone? \_\_\_\_\_

How many hours can this dog be alone? \_\_\_\_\_

Shots: DHLPP \_\_\_\_\_ Rabies \_\_\_\_\_ Lymes \_\_\_\_\_

Last Wormed \_\_\_\_\_ Heartworm check \_\_\_\_\_

Are AKC papers and/or Pedigree available? \_\_\_\_\_

Does the dog accept strangers? \_\_\_\_\_

For what medical conditions or problems has this dog been treated?  
(ears, flea bites, allergy, hot spots, sores, etc.):  
\_\_\_\_\_

What brand of dog food fed? \_\_\_\_\_

Amount (cups) \_\_\_\_\_ Times a day \_\_\_\_\_ What times? \_\_\_\_\_

Table scraps \_\_\_\_\_

Is dog possessive of food, water, or bowls? Y / N

Can you take food out of dog's mouth or touch food while dog is eating? Y / N

How often groomed? \_\_\_\_\_

Does he/she like grooming? \_\_\_\_\_

By owner or groomer? \_\_\_\_\_

Is dog used to: Being walked? \_\_\_\_\_

Tied out? \_\_\_\_\_

Crated? \_\_\_\_\_

Running loose? \_\_\_\_\_

How often walked? \_\_\_\_\_

What other exercise? \_\_\_\_\_

How difficult is it to walk this dog? Easy / Moderate / Difficult / Impossible

What is your dog's activity level? Low / Medium / High

What does dog dislike? \_\_\_\_\_

What is dog afraid of? \_\_\_\_\_

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Does he/she like men or women (better than the other)? \_\_\_\_\_  
 What are dog's bad points? \_\_\_\_\_

If this dog gets loose, how difficult is it to get the dog to return?  
 Easy / Moderate / Not too hard / Difficult

How would you describe this dog (circle):

One person dog	Family dog	Shy	Friendly
Destructive	Noisy	Active	Playful
Obedient	Affectionate	Easy going	Quiet
Aggressive	Other: _____		

List any information helpful to dog's new owners:

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Has this dog ever had formal obedience training? Y / N  
 (If YES, when and where? \_\_\_\_\_)

Please circle the commands your dog understands:

Heel                  Sit                  Stay                  Down                  Come                  Fetch

Other \_\_\_\_\_

How has this dog been disciplined (E.G. told "no", hit, smacked with paper, etc)?

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Do you avoid touching your dog at certain times? Y / N When? \_\_\_\_\_

**Has this dog ever:**  
 Growled at anyone?  
 Bit anyone?  
 Snapped at anyone?

Yes	No	Don't Know

If "yes" please give details:

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## Long Island Golden Retriever Rescue, Inc. Intake Profile

**Can you:**

- Grab dog by collar?
- Brush dog?
- Touch dog anywhere?
- Clip nails?
- Take food, toys or rawhides from dog?

Yes	No	Don't Know

(If "No" to any of the above questions, please explain: \_\_\_\_\_)

**Does this dog:**

- Adapt well to new situations?
- Tear furniture?
- Tear carpet?
- Dump trash?
- Steal food?
- Chew inappropriate objects?
- Shoes, furniture, etc...

Yes	No	Don't Know

(Please specify) \_\_\_\_\_

**Is this dog good with:**

- Children?
- Male dogs?
- Female dogs?
- Cats?
- Other animals?

Yes	No	Don't Know

(If "NO" to any of these, Please Explain: \_\_\_\_\_)

**Does this dog:**

- Bark/ Howl often?
- Dig in yard?
- Jump fences?
- Chase cars or bikes?
- Chase running kids or adults?
- React to uniforms?
- Ride well in car?
- Enjoy swimming?

Yes	No	Don't Know

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Chew?			
Jump on people?			
Get overly excited during play?			
Growl during play?			
Grab hands or clothing?			
Bolt out of open doors?			

If "YES" to any of these please explain:

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

The above statements are correct to the best of my knowledge:

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

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

\*\*\* Please attach medical history, AKC papers, or any pertinent documents you have for this dog \*\*\*

Return this application to:

**FAX:**

516-932-0017

Note: Please call us when you send a fax so we can look for it.

Phone: 516-578-3803

**Postal address:**

Long Island Golden Retriever Rescue, Inc.

P.O. Box 566

Plainview, New York 11803-0566