



#2,224,212

DVGRR

DELAWARE VALLEY GOLDEN RETRIEVER RESCUE, INC.

EST. 1993

HELP US HELP YOUR GOLDEN

We understand that relinquishing your Golden or dog is an extremely difficult decision, and we promise that DVGRR has your dog's best interest at heart. Since 1993, our sole mission has been to find the best adoptive homes for Golden Retrievers and dogs like yours, and we are known as one of the premier retriever rescues in the country. We promise you that through our rigorous screening and adoption process, we will carefully match your dog with the best possible home and environment for his or her needs.

You can help us help your dog by thoroughly completing this Intake Profile. We ask a lot of questions, but the more information we have, the better able we are to help. We are accustomed to dealing with health and/or behavioral issues, so your frank and honest answers will greatly assist us in determining the best home for your dog. In addition, this information (with the exception of your name and contact information) will be shared with the new family to help them know as much about the dog's background as possible.

Completing the form should take approximately 20-30 minutes. If you have any questions while doing so, please contact us for assistance (717-484-4799 or intake@dvgr.org).

BACKGROUND INFORMATION:

Dog's Name: _____ Sex: Male Female

Age / Date of Birth (if known): _____ Age when you acquired: _____ Neutered/Spayed? Yes No

Any other surgeries? Yes No (If yes, describe): _____

Color: _____ Approximate weight: _____

Where did you get this dog? Breeder (provide name if known) Pet Store Shelter/Rescue Internet Site

Friend/Neighbor Found as Stray Gift Other (specify): _____

Breed of dog? _____ Is dog a purebred? _____

If no, we may request to see pictures of the dog or see the dog in person prior to determining whether we can accept him/her into our program.

Are the dog's AKC papers and/or pedigree available? Yes No (NOTE: These are not required for acceptance into program.)

Has the dog ever been bred? Yes No Don't know If yes, how many times? _____

Is the dog tattooed/microchipped? Yes No Don't know If yes, list Reg. #: _____

Why are you giving up this dog? (Please be as detailed and honest as possible.) _____

CURRENT HOUSEHOLD HISTORY:

Avg. hours per day the dog spends: Indoors: _____ Outdoors: _____

Environment when outdoors: Allowed to roam Fenced yard Kenneled Tied/chained

On Runner/Cable Leash walked

Has the dog been trained to an electronic (invisible) fence? Yes No If yes, any problems? _____

Describe typical leash manners: OK Pulls Lags Bites at leash Afraid of leash

Collar type when leash walking? Flat collar Choke collar Pinch/Prong collar Harness

Gentle Leader/Halti Other

Avg. hours per day the dog spends alone: _____

Dog's location when left alone: Outdoors Free in the house Confined to a room Crated

Does the dog get anxious or upset when left alone? Yes No If yes, briefly describe: _____

Has the dog been allowed on the furniture? Yes No Where does the dog generally sleep at night? _____

Is the dog crate trained? Yes No

If yes, how often is the dog crated? Daily, _____ avg. hours per day Overnight Occasionally Rarely/ Never

Behavior in crate: Loves Tolerates Barks/whines Highly stressed

Does the dog have any difficulty going up or down steps? Yes No If yes, briefly describe: _____

How often does the dog travel by car? Often Sometimes Rarely

Behavior in car: Loves Indifferent Hates/gets carsick

HOUSE TRAINING HISTORY:

Is the dog housebroken? Yes No Sometimes

How many times per day does the dog go out to potty? _____ How does the dog let you know it needs to go out? _____

Does the dog have accidents in the house? Yes No

If yes, how often? Daily Few times/week Few times/month

If yes, what kind? Urinates Defecates Both

How long can the dog typically "hold it?" Not at all 1-3 Hours 4-8 Hours 8-12 Hours 12+ Hours

INTERACTION WITH PEOPLE AND OTHER ANIMALS:

Please list the ages of all household members the dog currently lives with: Men: _____ Women: _____ Children: _____

Please rate the dog's typical reaction to the following: (Check all that apply.)

	Friendly	Afraid	Shows Teeth	Growls	Snaps	Bites	No Reaction	Avoids	N/A
Men in household									
Women in household									
Children in household									
Meeting strangers/new people									
Vet Appointment									
Dog Parks or Daycare									

How much time does the dog typically spend with children in the household?

Daily contact, _____ avg. hours per day Weekends only Other No contact

How do the children generally treat the dog?

Kindly/respectfully Tease or handle roughly Ignore Other

What other animals has the dog lived with?

None Large Dogs (Male / Female / Both) Small Dogs (Male / Female / Both) Cats (Male / Female / Both)

Other (specify): _____

Amount of interaction with dogs outside the home:

Meets on walks Regular visits with known dogs Goes to dog park Rarely meets other dogs

Reaction to Other Dogs:

Friendly Playful Tolerates Afraid Barks Indifferent/no reaction

Lunges Shows Teeth Growls Snaps/Bites Never been around Chases

Has the dog ever been in a fight with another dog? Yes No

If yes, describe: _____

Reaction to Cats:

Friendly Playful Tolerates Afraid Barks Indifferent/no reaction

Lunges Shows Teeth Growls Snaps/Bites Never been around Chases

BEHAVIORAL INFORMATION:

What kind of obedience training has your dog had? None I/we trained dog ourselves at home I/we used a trainer for group or individual classes

If trainer, please list name of trainer/school and date attended: _____

What are your general training methods? _____

How do you correct or discipline the dog for inappropriate behavior? _____

Have you ever used a shock collar (remote trainer)? Yes No

Responsiveness to training: Excellent Good Fair Poor

Known commands (circle): Sit Down Come Stay Fetch Give Paw Other

How would you describe the dog's overall activity/energy level? High Medium Low

Do you have a problem with your dog doing any of the following:	Yes	No	If yes, please describe
Jumping on people			
Mouthing (<i>grabbing clothes, arms, legs with mouth</i>)			
Inappropriate chewing			
Stealing food from counter/table			
Getting into trash			
Running away			
Jumping or climbing fences			
Digging in yard			
Nuisance barking			
Chasing/hunting birds, rodents, etc.			
Urinating when excited/nervous			
Mounting people ("humping")			
Mounting other dogs			

Have you ever consulted a trainer or behavior counselor to help with the dog's behavior challenges? Yes No

If yes, describe: _____

Behavior Around Food & Toys:	Fine, No Reaction	Shows Teeth	Growls	Snaps	Bites	Lunges	Never Tried
<i>How does the dog react when you or another family member: Walks nearby while the dog is eating from its bowl?</i>							
Pets dog or touches the bowl or food while eating?							
Pets dog or touches a toy in its mouth?							
Pets dog or touches a bone, rawhide, pig's ear or similar item while chewing?							
Pets dog or touches a stolen object (food, tissue, shoe, sock, etc.)?							
Pets or moves the dog while sleeping?							
Pushes or pulls dog off of furniture?							

Can another dog take a toy away or go near food? Yes No Don't Know

If no, describe: _____

Has the dog ever growled or snapped at humans? Yes No

If yes, describe how often and under what circumstances: _____

How was the behavior corrected / managed? _____

Has the dog ever bitten a human? Yes No

If yes, describe when and under what circumstances: _____

Has the dog ever bitten another dog or cat? Yes No

If yes, describe circumstances: _____

Does the dog show any discomfort when being hugged? Yes No

If yes, describe: _____

Does the dog show any discomfort when being restrained (i.e., during a veterinary exam)? Yes No

If yes, describe: _____

PERSONALITY/TEMPERAMENT:

How would you describe the dog's general disposition? _____

Overall, what are the dog's good points? _____

Overall, what are the dog's bad points? _____

What does the dog like? _____

What does the dog dislike? _____

What are the dog's favorite toys/games? _____

Does the dog like to swim? Yes No Don't Know If yes, describe: _____

Fears	Yes	No	Behavior Exhibited:
Thunderstorms			
Fireworks			
Vacuum cleaner			
Strangers			
New places			
Vet's office			
Other (describe)			

FEEDING/GROOMING INFORMATION:

Dog food type/brand: _____ Amount: _____ Feeding times: _____

Table scraps: Yes No Typical appetite: Excellent Good Fair Poor

Groomed by: Owner Groomer Not groomed Grooming frequency: _____

Has the dog ever growled, snapped or bitten while being groomed? Yes No If yes, describe: _____

Check the column that best describes your dog's reaction to the following:	Enjoys	Afraid	Tolerates	Growls	Snaps/Bites	Never Done
Brushing						
Bathing						
Nail Trimming (<input type="checkbox"/> clipper <input type="checkbox"/> grinder)						
Ear Cleaning						
Teeth Brushing						
Feet Wiping						
Tail Contact						

When petting or grooming, is there anywhere the dog does not like to be touched? Yes No

If yes, describe areas and reaction: _____

HEALTH INFORMATION:

Past or present medical conditions:	Yes	No	Date	Comments
Ear infections				
Itchy skin/hot spots				
Allergies				
Arthritis/hip dysplasia/stiffness				
Seizures				
Gastrointestinal problems				
Urinary tract problems				
Low thyroid				
Heart disease				
Cancer				
Other:				

Is the dog currently on any medications or supplements? Yes No If yes, describe: _____

Date of last heartworm test, if known: _____

Is the dog currently on heartworm preventive? Yes No If yes, what brand and last dose? _____

Do you use a topical flea/tick preventive regularly on the dog (e.g., Frontline)? Yes No

If yes, what brand and date of last application: _____

Does the dog see the veterinarian on a regular basis? Yes No

Date of last vet visit: _____

General behavior during vet visits: No problem Timid/afraid Uncomfortable but tolerates Requires muzzle

Veterinarian Name: _____ Phone: _____

Address: _____

OTHER HEALTH NOTES AND ANY OTHER ADDITIONAL INFORMATION:

Please list any other information that may be helpful for us to know about the dog in order to match it with the best possible home.

Also, include anything you may know about a previous owner (if applicable). Attach separate sheet if necessary.

We respectfully ask for a \$40.00 surrender donation to help offset some of the veterinary care we will provide. As you can see, it is very expensive to provide all of this veterinary care. NO DOG WILL EVER BE REFUSED if you can't make a donation.



EVERY DOG THAT LEAVES GOLDEN GATEWAY WILL HAVE HAD THE FOLLOWING:

Behavior Evaluation and Basic Obedience Reinforcement: \$100.00

HomeAgain® Microchip w/one yr. membership Incl. 24-hour Veterinary hotline: \$32.00

Distemper Combo Vaccine: \$32.00

Bordetella Vaccine: \$36.00

Canine Influenza Vaccine: \$60.00

Rabies Vaccine: \$18.00

4Dx Testing for Heartworm, Lyme, Ehrlichia, Anaplasma: \$68.00

Flea/Tick Preventive: \$25.00

5 lb. bag of NutriSource Seafood Select: \$16.00

Worms: Treatment for Intestinal Parasites: \$90.00

Record Book (incl. all health & training results): \$20.00

Fecal Analysis: \$35.00

Spay/Neuter: \$550.00

Ear Flush or Ear Cleaning & Medication: \$19.00

Dental Cleaning/ Grade 2 Tartar & Above (if required): \$500.00

Extraction (if required): \$50.00 per tooth

Grooming: \$70.00

T4 Level Testing: \$90.00

First Heartworm Prevention: \$10.00

Physical Exam: \$60.00

Senior Blood Chemistry Profile - 21 Tests! \$225.00

Dogs 7 and Older – Digital 1 Lateral View of Chest and Abdomen X-Rays Provided to Adopter on DVD and Urinalysis: \$430.00

Lump Removal and Biopsy (if required): \$400.00

Love of a Rescued DVGRR Dog: PRICELESS

30-days FREE PetPlan Pet Insurance 
Terms and Conditions Apply.

Average 2014 fees at veterinary hospitals.

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