

MIDLAND GOLDEN RETRIEVER CLUB

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RE•HOMING QUESTIONNAIRE

In order to assist us finding the best home for your dog, it would be helpful to have answers to the following questions. If you have more than one dog to re-home, please fill out a separate form for each dog.

1. Please give your full name: _____
Home address: _____

Post Code: _____ Home Telephone Number: _____
Mobile Telephone Number: _____
Email address: _____
2. What is the name of your dog? _____
3. What gender is your dog? MALE / FEMALE
4. What is his/her age? _____ Years / Months
5. Does he/she have any behavioural problems? YES/NO (E.g. chewing, barking, hates cats, hates children/other dogs etc) that you think we should know about.) _____

6. Does he/she get on with strangers? YES/NO _____
7. What is he/she like on meeting new people and children? _____
8. What is he/she like in new situations? _____
9. Does he/she like travelling in the car? YES/NO _____
10. Is there anything he/she is afraid of? YES/NO (E.g. fireworks, loud music, lawnmower, cyclists etc.) _____
11. Does he/she have any medical conditions? YES/NO If yes, please give full details:

12. When (and for what) did your dog last visit the vet? _____
13. Is your dog currently on medication? YES/NO If yes, please give full details. _____

14. Is he/she vaccinated? YES/NO
15. Is the certificate available to pass to the new owner? YES/NO If no, why? _____
16. When is the booster due? Month _____ Year _____
17. When was the last time your dog was wormed? Month _____ Year _____
18. Has he/she had any flea treatment? YES/NO
19. If yes, when was he/she last treated for fleas? Month _____ Year _____
20. If your dog is male, has he been castrated? YES/NO/Not male
21. If your dog is female, has she been spayed? YES/NO/Not female
22. If the answer to Q. 21 above is NO, when was her last season? Month _____ Year _____
23. What is the period (in months) BETWEEN your bitch's seasons? _____ Months
24. Does he/she have any specific dietary requirements? YES/NO If yes, please give details:

25. What do you feed him/her? Please give details of type and brand of dog food: _____

26. How much do you feed and how many times a day? _____

27. Is there any food that upsets him/her or makes them generally ill/vomit or have diahorrea?
YES/NO _____
28. Can you make any of his/her food available to the new owners? YES/NO
29. Does he/she have treats? YES/NO If yes, please give details of brand, when and how many:

30. Can you touch his/her bowl whilst he/she is eating? YES/NO/SOMETIMES/NEVER TRIED TO
31. Can you remove toys from his/her mouth? YES/NO/SOMETIMES/NEVER TRIED TO
32. Does he/she growl over food? YES/NO If yes, why? _____
33. Does he/she growl over toys? YES/NO If yes, why? _____
34. Are there any temperamental issues you wish to tell us? YES/NO _____

35. How much DAILY exercise does he/she get? _____miles/kilometres/minutes
36. What is he/she like off the lead? _____
37. Will he/she come back when called? YES/NO _____
38. Which best describes your dog when he/she meets other dogs ON the lead?
SUBMISSIVE FRIENDLY INDIFFERENT DOMINANT AGGRESSIVE UNCONTROLABLE
Other: _____
39. What is he/she like when meeting other dogs OFF the lead?
SUBMISSIVE FRIENDLY INDIFFERENT DOMINANT AGGRESSIVE UNCONTROLABLE
Other: _____
40. Are you willing to hand over bedding, toys, collar & lead etc? YES/NO If yes, please list:

41. Is he/she house trained? YES/NO If no, please elaborate: _____
42. What signals does he/she give to you to let you know he/she needs to go? _____

43. What sleeping arrangements is your dog used to? _____
44. What time does he/she get you up in the morning? _____
45. Is he/she allowed on the furniture? YES/NO/SOMETIMES
46. Is he/she allowed upstairs? YES/NO/SOMETIMES/DON'T HAVE STAIRS
47. Where is he/she left when you go out? _____
48. How long can he/she be left for? _____hours/minutes
49. Is there anything the new owners should know about leaving him/her alone? _____

50. Is there any other information you wish to pass onto the new owner? _____

Rescue & Fostering Co-ordinator

Mrs G Staniland

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