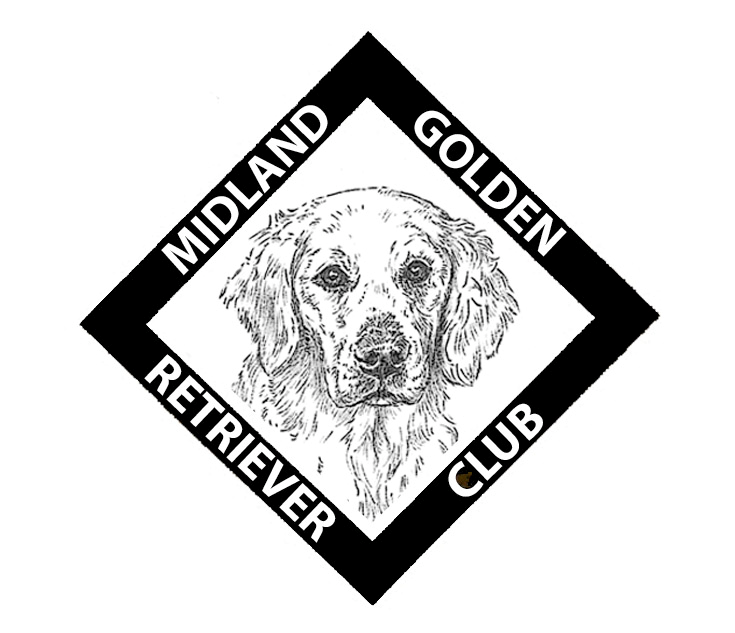
**MIDLAND GOLDEN RETRIEVER CLUB**

***President:*** Mr K A W Young

***Vice-President:*** Mr G White

***Chairman:*** Miss P Gowland  ***Rescue*** ***Co­ordinator: Vice­Chairman:*** Mr J Truman Mrs I. Pinfield



***Hon*** ***Treasurer: Hon*** ***Secretary:***

Mrs B. Liggins Miss L Layland

62 Brackenwood Drive 112 Top Street

Widnes Appleby Magna

Cheshire Swadlincote

W8 8GE DE12 7AH

**RE­HOMING 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?

**Carol Oldring** ***Rescue & Fostering Co-ordinator***

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