

Long Island Vizsla Rescue Intake Form



A recognized 501-c3 non profit

I _____ hereby relinquish all ownership rights to this Vizsla, known as, _____ sex _____, age, _____ to Long Island Vizsla Rescue, as of this date; _____.

Dog's date of birth: _____ Breeder, if known: _____

Does the dog like:

- Other Dogs Children Riding in the car Cats Playing Ball Walks
 Strangers Being bathed Water Other

Has the dog been:

- Tied Loose House dog Yard all the time Doghouse Chained
 Beaten (past history?) Loose in the yard Kenneled Garage Basement Yard p/t

Habits:

- Housebroken Used to collar and leash Gets out to follow children Howling
 Destructive Walks nicely on leash Jumps on people Runs
 Barking Pulls on leash Jumps fences Digging
 Vindictive Finicky eater Escape artist Chewing
 Gulps food Pulls clothes off line Counter "surfs" Tricks/other

Temperament:

- Friendly Anxious to please Very Trainable Obedient Enthusiastic Timid Hyper
 Reserved Outgoing Shy Un-trainable Stubborn Suspicious Protective Calm
 Lethargic Cautious Timid Adaptable Inflexible

Can you add anything to describe the dog's general temperament? _____

Does the dog obey commands? (Sit, Stay, Come when called, Lie down, Fetch, Give,)

Does the dog know any other commands?

How is the dog with thunder and lightning?

Has the dog been trained for hunting/hunted over? Yes No

Is the dog crate-trained? Yes No

Describe dog's personality. _____

Has the dog ever bitten, growled or snapped at anyone? Yes No

If yes, explain: _____

Has the dog ever killed another animal? Yes No When/Why? _____

Does the dog travel well in the car? Yes No

Has the dog been swimming? Yes No Does it like water? Yes No

Does the dog live in the house or outside? _____ Where does the dog sleep? _____

This Vizsla has the following known physical, medical, and/or temperamental problem(s):

Physical Appearance:

Color: _____ Size: small Medium Large Weight _____ Markings _____

Tail docked? Yes No Dewclaws removed? Yes No Eyes: _____

Other: _____

Medical History:

Veterinarian: _____ Shot Dates: _____

Address: _____ DHLPP: _____

Phone: _____ Rabies 1 yr --or-- 3 yr (please circle)

Due date for next Rabies _____ Date of last worming _____

Parvo _____

**Heartworm test, date _____ pos/neg _____

**Is, or has this dog ever been on heartworm medication? Yes No Dose: _____

Brand / Type HWP _____

If your Vizsla needs immunizations updated or a heartworm test, are you willing to have that done before the Vizsla is surrendered? Yes No

Has the dog ever had its toenails clipped? Yes No Easily? _____

Ears cleaned? Yes No

Is the dog micro-chipped/tattooed for identification? Number _____

Other Medical History: (Illness, allergies, injuries, physical problems, seizures, past operations) Please describe as necessary.

Food and Medication: _____

Brand of food _____ Type of food: _____

Number of feedings per day: _____ Time _____ Amount: _____

Type of medication: _____ Dosage: _____

Has the dog ever shown food aggression? Yes No

Is there anything else about this dog that potential new owners should know?

Reason for giving dog up: _____

We ask that a donation of \$200 be made to VCLI rescue to help support the medical needs of our dogs in rescue. Please make your check out to VCLI Rescue.

SPAYED OR NEUTERED _____

Note: Owner released dogs placed in rescue must be spayed/neutered, & current on shots & heartworm unless other arrangements are made.

VCLI Rescue evaluates the dog prior to placement. If a suitable home is not found locally, we contact other VCLI rescue coordinators for suitable applications. Each dog is placed with the understanding that if the placement should not work out, the dog is returned to our rescue program and NOT re-homed unless we are part of the process. If you have any questions about our program, please ask.

I (we) declare that I (we) am (are) the legal and sole owner(s) and that there are no encumbrances to my (our) title to this Vizsla. I (we) give permission for the Long Island Vizsla Rescue to obtain records on the above named Vizsla from the dog's veterinarian.

By signing below, it is understood that all rights of ownership to said dog are relinquished to VCLI Rescue.

Signature _____ Date _____

Print Name: _____

Address: _____

Phone--(work): _____ (home/cell): _____

Mail to: Stephanie Fischer 5700 North Salem Church Road Dover Pa 17315 - 516-641-9993