



High Country Newfoundland Rescue
QUESTIONNAIRE FOR POTENTIAL OWNER
SURRENDER

Since you have expressed to us that you are no longer able to care for your purebred Newfoundland and wish to ensure that it finds a new home where it will be loved and cared for, we want to obtain as much information about your Newfoundland as possible prior to bringing the dog into a foster home. Please complete the following questionnaire so that we may assess your dog for our program. Your answers to the following questions will make the transition to a new home much more comfortable for your dog and the foster family. We place every dog in an approved foster home until an appropriate permanent home is found. In all cases the best interests of the dog are paramount.

Note: We cannot accept any dog that has a history of aggression towards people.

Dog's name: _____

Spayed / neutered? Yes No Sex M F

Age: _____ DOB: _____

Description of Dog (color, markings & weight):

How old was the dog when you acquired it? _____

Where did you acquire this dog? Breeder Pet Store Shelter Friend
 Rescue Organization (name) _____ Other (describe) _____

If from a breeder, complete breeder contact information:

Name of Breeder: _____ Address: _____

Phone: (____) _____ Email: _____

Did you have a signed contract with this breeder? Yes No

Have you contacted the breeder to ask if they will take dog back? Yes No

If yes, what did breeder tell you? _____

Is your dog microchipped? Yes No If yes, Microchip # /information: Home Again AVID Other
Microchip# _____

Veterinarian:

Name of veterinarian: _____

Address: _____ Phone Number: _____

Dates of last vaccinations: _____ Rabies _____ DHPP _____ Other Vaccines: (describe) _____

(Attach documentation of vaccinations, including rabies vaccination certificate)

Date of last Heartworm check: _____

Name of Heartworm Prevention: _____ Date of last heartworm preventative pill: _____

Has your dog had a gastropexy? _____

Health

Has the dog been diagnosed and/or treated for any health problems?

_____ Orthopedic _____ Heart _____ Eyes _____ Ear infections? _____ Other (describe) _____

Describe health problems:

Are registration papers available? _____ AKC _____ Other (describe) _____

What kind of food does your dog eat? _____ Dry kibble (Brand: _____)

_____ Canned (Brand: _____) _____ Dehydrated/freeze dried (Brand _____)

Homemade (Describe _____) _____ Raw (Describe) _____

How many times a day does your dog eat? _____ What time(s) is your dog fed? _____

How much do you feed at each meal? _____

Dog personality/behavior (Answer each question Yes or No; provide more info if needed)

Come when called? _____

Like to ride in cars? _____

Housebroken? _____

Walks well on a leash? _____

Afraid of storms? _____

Like to swim? _____

Used to children? _____ Good with children? _____

Good with strangers? ____ If no, describe: _____
Good with strange dogs? ____ Good with familiar dogs? ____ Good with cats? ____
Jump fences? ____ (If yes, how tall?)
Let you take toys away? ____ Let you take food away? ____
Has been in obedience classes? ____ How did the dog do? _____
Crate trained? ____
Used to being groomed? ____
Dig? ____ Chase cars? ____ Urinate when scared? ____

Where does the dog stay during the day? _____

Where does the dog sleep? _____

What commands does your dog know? _____

Has the dog ever bitten anyone? _____ If yes, please explain the circumstances:

What does the dog like/dislike? _____

What are the dog's best/worst traits? _____

List any other information that might be helpful for placement or for new owners:

Why are you giving this dog up?

Owner's Name (please print legibly): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Owner's signature: _____ Date signed: _____

Scan and Email completed form to: hcnrescue@yahoo.com