



Minnesota Sheltie Rescue

P.O. Box 27384
Golden Valley, MN 55427
(612) 616-7477
www.mnsheltierescue.org

- Dog History Report -

OWNER INFORMATION

Owner(s) Name (Print): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work or Cell Phone: _____ Email: _____

SHELTIE INFORMATION

Sheltie's Name: _____ AKC Reg. No. _____

Male _____ Female _____ Age: _____ Coat Color: _____

Tattoo or Microchip Number (if available): _____ Registry: _____

Reason for surrender: _____

How old was the sheltie when obtained: _____ DOB _____

MEDICAL INFORMATION (A copy of all vet records must accompany this form, including rabies certificate signed by veterinarian)

Name of Veterinarian & Clinic: _____

Address of Veterinarian & Clinic: _____

Telephone #: _____

Has your dog been spayed or neutered? Yes _____ No _____

Name of Veterinarian providing this service: _____

Please indicate the date of the last vaccination for:

RABIES: _____

DHLP: _____

PARVO: _____

CORONA: _____

BORDETELLA _____

LYME: _____

OTHER: _____

Date of last Heartworm test: _____ Last Heartworm Medication: _____

Does your Sheltie have any physical impairments or medical problems that he/she has been treated for? Any past injuries? _____

List current medications: _____

GENERAL//TEMPERAMENT INFORMATION

Sheltie's Name: _____

In an effort to help us place your Sheltie in an environment best suited to its needs, we ask you to complete this questionnaire as completely and as accurately as possible.

Is the sheltie primarily a : House Dog _____ Outside Dog _____ Both _____

Is the sheltie housebroken? _____ If not , why? _____

Can the sheltie be trusted to stay by itself in the house for extended periods of time? _____

If not , why? _____

Does the sheltie jump fences? _____ If so, how high? _____

Has the sheltie been kept on a chain? _____ If so, why? _____

Where does the sheltie sleep? _____

When is the sheltie normally fed? _____ Where? _____

What brand of dog food does the sheltie eat and quantity? _____

How does the sheltie react to grooming to include brushing, combing, toe nail clipping and bathing? Please describe behavior:

Does your Sheltie show a strong preference for a ____ male or ____ female human?

What ages of children has your Sheltie been exposed to? ____ Baby to 5 ____ 5-9 ____ 10-13 ____ 13+

How does your Sheltie react to children? _____

Has your Sheltie lived with other animals? ____ dog, male or female? ____ cat ____ other _____

How does your Sheltie react to other animals? _____

Does/Is the Sheltie:

	Yes	No	Unknown or n/a
Tear Furniture/Carpet	_____	_____	_____
Dump Trash	_____	_____	_____
Bark/Howl/Whine	_____	_____	_____
Roam	_____	_____	_____
Digs	_____	_____	_____
Mark its territory	_____	_____	_____
React to Uniforms	_____	_____	_____
Walk on Leash	_____	_____	_____

Ride Well in Car	_____	_____	_____
Chew & on what	_____	_____	_____
Jump on people	_____	_____	_____
Crate Trained	_____	_____	_____
Chase:			
Motor Vehicles	_____	_____	_____
Bicycles	_____	_____	_____
Cats	_____	_____	_____
Afraid of:			
Storms	_____	_____	_____
Strangers	_____	_____	_____
Steps	_____	_____	_____
Loud noises	_____	_____	_____
Children	_____	_____	_____
Firecrackers	_____	_____	_____
Vacuum	_____	_____	_____
Passing cars	_____	_____	_____
Bicycles	_____	_____	_____

Other (Explain): _____

How does Sheltie display fear? _____

How would you describe your Sheltie? (circle all that apply)

Shy	Friendly	Destructive	Noisy	Easy Going
Active	Obedient	Playful	Protective	Stubborn
Quiet	Aggressive	Nervous	Neurotic	One Person Dog
Good with other Animals	Good with Children	Social	Reserved	

Other _____

How does your Sheltie react to strangers? _____

How does your Sheltie react to a person ringing your door bell or someone knocking at your door?

Has this sheltie attended any obedience classes or other training? YES NO To what level? _____

Please circle all the commands that your Sheltie responds to or knows: COME SIT DOWN/DROP STAY HEEL SHAKE LEAVE IT List Others: _____

Describe in detail any and all situations where this sheltie has bitten a human or shown aggression towards another domestic animal (attach additional pages as necessary): _____

How was the sheltie cared for when you were on vacation? _____

Was the Sheltie obtained from: Friend _____ Pet Shop _____ Gift _____ Stray _____ Breeder _____

Animal Shelter _____ Abandoned _____ Other _____

Explain if other: _____

Please give name, address & telephone number if your Sheltie was obtained through a Shelter, Rescue Group, Breeder or Pet Shop _____

What attracted you to this Sheltie at the beginning?

What are the best things about having this Sheltie in your home? _____

When you have completed the Dog History Report, you may mail it to Minnesota Sheltie Rescue at the address at the top of the form, also attaching a picture of the dog and copies of current vet records. Minnesota Sheltie Rescue will review the information provided and contact you to discuss the potential to accept your sheltie into the program. If it is determined by MNSR and the owner that the dog will be released to MNSR, **at the time of the release you will be asked to sign a release form which states the following:**

The Owner hereby states that this Sheltie has not bitten a human or shown unprovoked aggression towards another domestic animal OR has provided a detailed description of any and all situations where this sheltie has bitten a human or shown aggression towards another domestic animal.

I understand that every effort will be made to place my Sheltie into a good home, however, in surrendering the above described Sheltie to Minnesota Sheltie Rescue, I relinquish all rights to said Sheltie and realize the final disposition of this Sheltie is at the discretion of the rescue organization.

I have, to the best of my knowledge, answered all questions, both verbal and written, as accurately and as completely as possible and have not willfully misrepresented either the health or temperament of the relinquished Sheltie .

I do hereby surrender to the Minnesota Sheltie Rescue the animal described herein, for the purpose of adoption or euthanasia.

I have attached copies of all veterinary records and give Minnesota Sheltie Rescue permission to contact my veterinarian to discuss any questions related to his dog's health history or care.

I do understand that I relieve Minnesota Sheltie Rescue of all liability.

I do hereby state that I have the authority to enter into this agreement as owner(s) or keeper(s) of this animal.

I also understand that I may be required to make a donation to Minnesota Sheltie Rescue in order to help defray the cost of feeding, boarding, and medical examination/treatment of the relinquished Sheltie.

Donation Received: (cash/check#) in the amount of \$ _____

Signature not required at this time – above language provided for owner to review prior to release of dog to MNSR.