



Greater Chicago Cavalier Rescue

RESCUE INTAKE FORM

NOTICE: GCCR reserves the right to give this form and the information contained herein to a veterinarian, foster family and/or adopting family.

Dog's call name: _____

Color: Blenheim Tri Black/Tan Ruby

Sex: Male Female Altered: Yes No

Age or DOB if known: _____

If the dog is registered, registered name:

Registry: AKC CKCSC, USA UKC FIC Unknown

Registry #: _____

Registration certificate provided: Yes No

Micro chip: Yes No Number: _____

Tattoo: Yes No Number: _____

Status: Rescue Cavalier Rehomed Cavalier

Information for this form was obtained from:

shelter owner breeder veterinarian foster family

(If information came from multiple sources, please annotate the form indicating the source of specific information.)

Name of Source:

Address:

City/State/Zip code:

Telephones: Home _____ Cell _____

E-mail: _____

Reason for giving up dog:

How long have you had possession of the dog?: _____

Where did you obtain the dog? Breeder Pet store Friend
 Stray Shelter Other _____

If from breeder, name of breeder: _____

Has the breeder been notified? Yes No

How many homes has this dog had (describe)?

MEDICAL HISTORY

Last veterinarian visit date:

Veterinarian Name:

Address:

City/State/Zip code:

Telephones: Office _____

E-mail:

Date of last vaccinations:

Date of next vaccinations:

Rabies: _____

DHLP: _____

Corona: _____

Parvo: _____

Bordatella: _____

Heartworm check: _____

Fecal exam: _____

Current medications (include type of heartworm preventative):

Allergic to anything?

Any known medical conditions?

Type of dog food and brand:

Amount per feeding:

Feeding(s) per day: __AM __Noon __PM

Foster home veterinarian:

Veterinarian Name: _____

Address: _____

City/State/Zip code: _____

Telephones: Office _____

E-mail: _____

Comments: _____

PERSONALITY PROFILE
Check all that apply, and include notes

- Easy going _____
- One person dog _____
- Noisy _____
- Obedient _____
- Quiet _____
- Sweet _____
- Eager to please _____
- Shy _____
- Aggressive _____
- Aloof _____
- Active _____
- Destructive _____
- Distant _____
- Devoted _____
- Friendly _____
- Hyper _____
- Protective _____
- Playful _____
- Demanding _____
- Outgoing _____
- Stays nearby if loose _____
- Runs away if loose _____
- Dominant _____
- Submissive _____
- Sits _____
- Stays _____
- Comes _____

Description of best type of home for this Cavalier: _____

BEHAVIOR EVALUATION

Behavior **Yes** **No** **N/A** **Comments**

Housebroken				
Will signal if needs out				How:
Crate trained				
Compatible with men				
Compatible with women				
Compatible w/kid under 5				
Compatible w/kid 5-10				
Compatible w/kid over 10				
Gets along with cats				
Gets along with other dogs				
Gets along with birds				
Bitten anyone				
Tears/chews furniture				
Digs				
Jumps on people				
Barks excessively				
Barks at noises				
Fearful of noises/storms				
Rides well in car				
Minds baths/grooming				
Minds toenails clipped				
Minds ears cleaned				
Sleeps in crate				

Sleeps in bed/sofa/chair				
Allowed on furniture				
Can be left alone uncrated				
Obedience trained				
Submissive behavior				
Aggressive behavior				
Friendly with strangers				
Steals food from tables				
Walks on leash				
Use to wearing a collar				
Escape artist				
Finicky eater				
Cries at night				

Comments:

Note: This form is intended solely to record as much information as possible about a rescue dog for the purpose of facilitating the dog's transition to a new home. The information has been gathered by rescue volunteers from various sources such as the previous owner, animal shelter, veterinarians, health records and observation. Consequently the GCCR cannot guarantee the accuracy of the information, nor should the information be construed as a complete history of the dog's life. Further the GCCR does not guarantee the health or temperament of the dog.

Signature of person preparing this Rescue Intake Form:

_____ Date: _____

Signature of adopting family, acknowledging receipt of copy of this Rescue Intake Form:

_____ Date: _____

Rescue # _____
Initialed _____