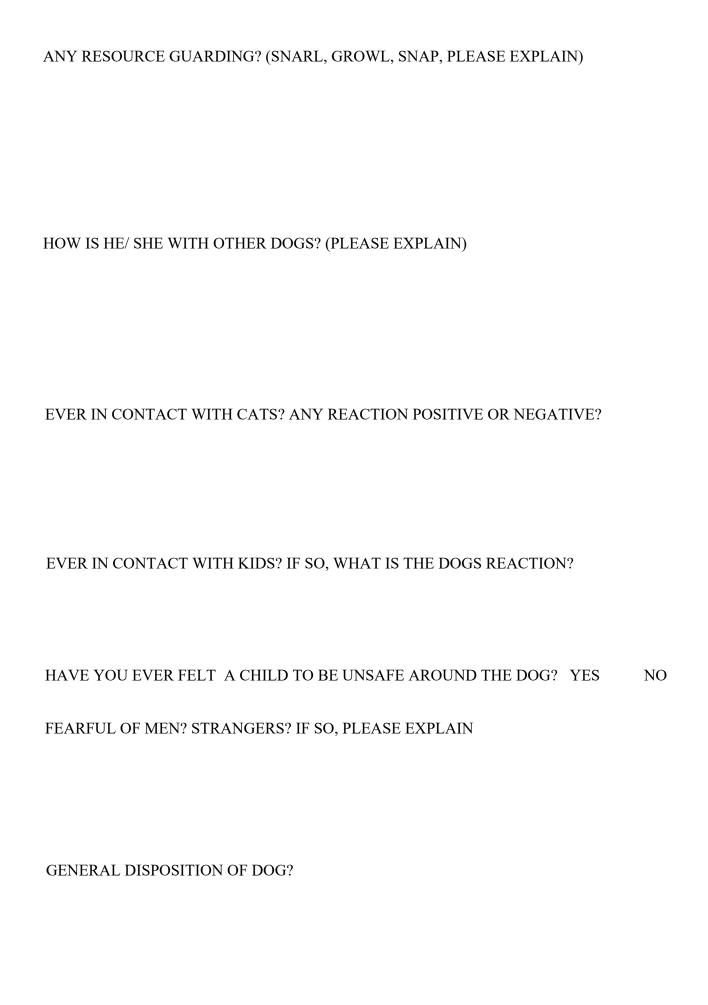


## **DOG INFORMATION FORM**

| ***Please save your completed application completed application to info.justpaws |               | _                                       |
|--|---------------|---|
| NAME:  |               |   |
| BREED:   |               |   |
| GENDER:  | AGE:          |   |
| SPAYED/NEUTERED? YES   | NO            | DOGS WEIGHT?                            |
| PROOF OF UP-TO-DATE VACCINATION  | ? YES         | NO                                      |
| IF NOT, WHY NOT:   |               |   |
| HOW IS THE DOG WITH PHYSICAL MAN   | NIPULATION? ( | touching tail, head, back end feet etc. |

ANY BITE HISTORY OR ANIMALS? IF SO, PLEASE EXPLAIN IN DETAIL



| ENERGY LEVEL?   |
|---|
| HOW IS HE/SHE ON LEASH? (PLEASE EXPLAIN)                                  |
| KNOWS ANY COMMANDS?   |
| CURRENT MEDICATIONS OR PHYSICAL LIMITATIONS? (PLEASE EXPLAIN)             |
| CONDITION OF TEETH?   |
| HOUSETRAINED? YES NO  |
| HAVE YOU EVER WORKED WITH A DOG TRAINER? (IF YES, PLEASE PROVIDE DETAILS) |
| WHERE DOES THE DOG SLEEP?   |
| HOW IS THE DOG WHILE TRAVELLING IN THE CAR?                               |

| DOES THE DOG DO WELL AT A FENCED IN OFF-LEASH DOG PARK?  |
|--|
| IF YOU COULD CHOOSE THE PERFECT FAMILY FOR YOUR DOG, PLEASE DESCRIBE:  |
| REASON FOR SURRENDERING YOUR DOG?  |
| CURRENT BRAND OF FOOD DOG IS EATING? WHAT TYPE?  |
| ***PLEASE NOTE: IF ANY QUESTIONS ARE VAGUE OR LEFT UNANSWERED THIS MAY DELAY THE PROCESS. ALSO SUBMITTING THIS FORM DOES NOT GUARANTEE WE WILL BE ABLE TO ACCEPT YOUR DOG INTO OUR PROGRAM. WE WORK WITH OTHER RESCUES WHO WE MAY FORWARD THIS FORM ONTO FOR HELP. |
| PLEASE SAVE TO YOUR COMPUTER THEN RETURN FORM VIA EMAIL TO info.justpaws@gmail.com WITH 3 - 5 RECENT PHOTOS OF YOUR DOG ATTACHED.  |
| THANK YOU  |
|  |