ADMISSION FORM

Please complete this form as accurately and honestly as possible.

BREED TYPE	Collie Cross		
DOGS NAME			
ESTIMATED AGE OR DATE OF BIRTH IF KNOWN			
GENDER	Dog Bitch		
IS YOUR DOG NEUTERED?	Yes No If YES at what age?		
IS YOUR DOG MICROCHIPPED?	If NO and a Bitch END DATE of last season Yes No If YES please include number below		
YOUR VETS DETAILS (Practise name and address if known)			
HAS YOUR DOG HAD ANY MEDICAL PROBLEMS?	Yes No If Yes - Details		
HAS YOUR DOG BEEN VACCINATED IN THE LAST 12	Yes No Not known		
MONTHS?	If Yes - Date		
WHEN WAS YOUR DOG LAST TREATED FOR WORMS?	Date Brand used		
	Not known when last treated		
WHEN WAS YOUR DOG LAST TREATED FOR FLEAS?	Date Brand used		
	Not known when last treated		
WHAT BRAND OF FOOD DO YOUR NORMALLY FEED YOUR DOG?			
WHAT AGE WAS YOUR DOG WHEN YOU FIRST ACQUIRED HIM/HER?	0-6 weeks 7-8 weeks 9-12 weeks		
ACQUIRED HIM/HER?	3-16 weeks OTHER		
WHERE DID YOU GET YOUR DOG FROM?	Breeder Rescue Farm		
	Private home OTHER		
HOW LONG HAVE YOU HAD YOUR DOG?			
HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	No of Adults over 18 years of age		
	No of childrenAges		
DO YOU CONSIDER YOUR HOUSE TO BE	Generally Busy Usually Quiet Varies		
HOW LONG IS YOUR DOG NORMALLY LEFT ALONE	0-1 hr 1-2 hrs 2-4hrs		
DURING THE DAY?	4-6hrs 6-8hrs		
	Is your dog visited during that time by anyone? Yes No		
HOW OFTEN IN A WEEK?			
WHERE IS YOUR DOG LEFT DURING THE DAY?			
	<u> </u>		

WHERE DOES YOUR DOG SLEEP AT NIGHT?	Upstairs Downstairs Kitchen		
	Dining Room Hall Crate		
	Conservatory Outdoors		
IF YOUR DOG IS KEPT OUTDOORS, HOW OFTEN WOULD YOU BRING HIM/HER INTO THE HOUSE AND HOW LONG FOR?			
DOES YOUR DOG DO ANY OF THE FOLLOWING WHEN LEFT ALONE?	Bark/Howl Scratches/Digs Chews Furniture Messes/Urinates Chew random items None of these		
DOES YOUR DOG GET ON THE FURNITURE?	Yes often Never not allowed Sometimes No		
IS YOUR DOG HOUSETRAINED?	Yes No Only during the day Only during the night If not clean when does the dog soil and where		
DOES YOUR DOG LET YOU TAKE FOOD, CHEWS OR BONES AWAY FROM HIM/HER?	Yes No Never tried		
HOW DOES YOUR DOG TAKE TREATS?	Gently Snatches Doesn't like treats		
DOES YOUR DOG PLAY WITH TOYS?	Yes No		
DOES YOUR DOG PLAY ROUGH AND TUMBLE GAMES WITH YOU?	Yes No Mouths when playing		
HOW DOES YOUR DOG BEHAVE WHEN GROOMED?	Good Restless Dislikes		
ARE THERE ANY PART OF YOUR DOG THAT HE/SHE DOESN'T LIKE BEING TOUCHED?	Yes No If Yes - Head Ears Neck Feet Rear		
DOES YOUR DOG FOLLOW YOU FROM ROOM TO ROOM?	Yes No		
IS YOUR DOG GOOD WITH YOUR	Pet Cat Pet Dog Pet Rabbit N/A Other small animals Not good with animals in the home		
IS YOUR DOG GOOD WITH ANIMALS AWAY FROM HOME?	Cats Livestock Horses Not good with animals away from home Don't know		
HOW DOES YOUR DOG REACT TO OTHER DOGS AWAY FROM HOME, WHEN ON A LEAD?	Plays Growls Barks Dislikes Ignores Lunges toward Runs away		
HOW DOES YOUR DOG REACT TO OTHER DOGS AWAY FROM HOME, WHEN OFF LEAD?	Plays Growls Barks Dislikes Ignores Lunges toward Runs away Not let off lead		
HOW MUCH EXERCISE DOES YOUR DOG HAVE?	Daily Twice a day More Less		
DOES YOUR DOG USUALLY WALK ON A LEAD WITHOUT PULLING?	Yes No		
DO YOU ATTACH THE LEAD TO	Collar Harness Head collar Check chain		

Please sign	Print name	Date

DOES YOUR DOG COME BACK WHEN CALLED?	Yes Sometimes Most of the time		
HOW DOES YOUR DOG REACT TO TRAFFIC WHEN OUT WALKING?	Good Nervous Lunges towards Chases		
WHAT COMMANDS DOES YOUR DOG KNOW?	Sit Lie down Recall Stay Off Wait Paw Other		
HOW DO YOU CHASTISE OR PUNISH YOUR DOG?			
HAS YOUR DOG EVER REACTED IN ANY OF THE FOLLOWING WAYS TOWARDS ANYONE IN THE FAMILY?	Yes No If yes Growled Snapped(not biting) Shown teeth Bitten (causing puncture wound/s) Circumstances:		
	If a child was involved, how old were they?		
HOW DOES THE DOG BEHAVE WHEN YOU HAVE VISITORS?	Interacts well Hides Ignores Dislikes Avoids Unknown		
WHAT AGE CHILDREN HAS YOUR DOG MET?	Ages		
	None		
HOW DOES THE DOG BEHAVE WITH CHILDREN IT DOES NOT KNOW?	N/A Interacts well Hides Ignores Dislikes Avoids Unknown		
HAS YOUR DOG REACTED IN ANY OF THE FOLLOWING WAYS TO STRANGERS?	Yes No If yes Growled Snapped(not biting) Shown teeth Bitten (causing puncture wound/s) Circumstances: If a child was involved, how old were they?		
IS YOUR DOG FEARFUL OF ANYTHING? SUCH AS	Gunfire Thunder Cars Bicycles Children People Fireworks Household Appliances Other		
DOES YOUR DOG OFTEN ESCAPE VIA THE GARDEN FENCE?	Yes No If Yes Over Fence Under Fence		
HOW HIGH IS YOUR GARDEN FENCE?			
HOW DOES YOUR DOG BEHAVE IN THE CAR?	Good Sick Salivates Scared Restless Noisy Not used to travelling in a car		
HOW OFTEN DO YOUR TAKE YOUR DOG IN A CAR?	Daily Weekly Only occasionally		
HAVE YOU TAKEN YOUR DOG TO ANY TRAINING CLASSES OR TAKEN BEHAVIOURAL ADVICE FROM ANYONE?	Yes No If yes, details		

Please sign	Print name	Date

Why are you giving up your dog for	renoming?		
Please add any further information	your consider relevant:		
	,		
		time to complete this form	
	If you have any questions, p	please do not hesitate to ask	
Please sign	Print name	Date	