



## ADMISSION FORM

Please complete this form as accurately and honestly as possible.

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>BREED TYPE</b>   | Collie                      Collie Cross   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DOGS NAME</b>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>ESTIMATED AGE OR DATE OF BIRTH IF KNOWN</b>                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>GENDER</b>   | Dog          Bitch   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>IS YOUR DOG NEUTERED?</b>                                    | Yes      No<br>If YES at what age?.....<br>If NO and a Bitch date of last season.....  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>IS YOUR DOG MICROCHIPPED?</b>                                | Yes      No      If YES please include number below<br><table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>YOUR VETS DETAILS (Practise name and address if known)</b>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>HAS YOUR DOG HAD ANY MEDICAL PROBLEMS?</b>                   | Yes                                  No<br>If Yes - Details  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>HAS YOUR DOG BEEN VACCINATED IN THE LAST 12 MONTHS?</b>      | Yes                                  No                                  Not known<br>If Yes - Date.....   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>WHEN WAS YOUR DOG LAST TREATED FOR WORMS?</b>                | Date.....                      Brand used.....<br>Not known when last treated  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>WHEN WAS YOUR DOG LAST TREATED FOR FLEAS?</b>                | Date.....                      Brand used.....<br>Not known when last treated  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>WHAT BRAND OF FOOD DO YOUR NORMALLY FEED YOUR DOG?</b>       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>WHAT AGE WAS YOUR DOG WHEN YOU FIRST ACQUIRED HIM/HER?</b>   | 0-6 weeks                  7-8 weeks                  9-12 weeks<br>3-16 weeks                          OTHER.....   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>WHERE DID YOU GET YOUR DOG FROM?</b>                         | Breeder                      Rescue                      Farm<br>Private home                          OTHER.....  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>HOW LONG HAVE YOU HAD YOUR DOG?</b>                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?</b>                  | No of Adults over 18 years of age.....<br>No of children.....Ages.....   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DO YOU CONSIDER YOUR HOUSE TO BE....</b>                     | Generally Busy                  Usually Quiet                  Varies  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>HOW LONG IS YOUR DOG NORMALLY LEFT ALONE DURING THE DAY?</b> | 0-1 hr                      1-2 hrs                      2-4hrs<br>4-6hrs                      6-8hrs<br>Is your dog visited during that time by anyone? Yes      No   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>HOW OFTEN IN A WEEK?</b>                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>WHERE IS YOUR DOG LEFT DURING THE DAY ?</b>                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Please sign.....                  Print name.....                  Date.....

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

Please sign..... Print name..... Date.....

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

Please continue over

Please sign..... Print name..... Date.....

Why are you giving up your dog for rehoming?

Please add any further information your consider relevant:

Thank you for taking the time to complete this form  
If you have any questions, please do not hesitate to ask

Please sign..... Print name..... Date.....