

Black Russian Terrier Rescue Association

Application to Surrender

Name of Dog: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: (Male) or( Female)

Pure Bred Black Russian Terrier: (Yes) (No)

AKC #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Owner(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_

1. Is dog (Spayed) or (Neutered) or (Intact)

2. Licensed in city, state or county? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. How long have you owned this dog? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Where did you get the dog ?(please circle)

Breeder Pet Store Shelter Stray

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog's breeder : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the breeder know that the dog needs a new home? (Y) or (N)

5. Why are you giving up the dog? Please be specific.

6. Is this dog housebroken (Y) (N)

7. Has the dog every been neglected or abused? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Is the dog friendly with:

Adults: (Y) or (N) Strangers: (Y) or (N) Men: (Y) or (N)

Women: (Y) or (N) Other dogs: (Y) or (N) Cats: (Y) or (N)

Children: (Y) or (N) (give ages)?

9. Does the dog alarm bark? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Do you consider the dog to be protective? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Has the dog ever bitten anyone or shown other signs of aggression? (Y) or (N)

If yes, describe the circumstances on a separate sheet of paper.

12. Has the dog ever received obedience training? (Y) or (N) Where?

13. Was the animal kept (indoors) or (outdoors).

14. How often and what type of exercise does the dog get?

15. Why type and brand of food is the dog currently eating?

(Dry) (Moist) (Canned) Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any food it cannot eat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. Please circle if the dog know the following commands:   
 (Sit) (Down) (Stay) (Heel) (Come)

Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Is the dog currently under veterinarian care? (Y) or (N)

Name of the veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vet address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vet City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Vet phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. Date the dog last receive the following:

Rabies Vaccination: (1 or 3 year vaccination): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DHLPP Vaccination: (distemper/parvo): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Heartworm test: (positive/negative): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Bordetella: (kennel cough) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Lyme disease vaccination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Worming: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. a. Is the dog currently taking heartworm preventative? (Y) or (N)

If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date last given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Is anything used for flea control? (Y) or (N) If yes, what?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date last used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. Does the dog have any of the following:

Heart problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Respiratory problem:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hepatitis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Skin problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diabetes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Digestive problems:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Muscular disease: \_\_\_\_\_\_\_\_\_\_\_\_   
Eye problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dental problems: \_\_\_\_\_\_\_\_\_\_\_\_   
Hip Dysplasia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cancer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain any "yes" answers on back separately.

21. Are you aware of any other medical or behavioral problems that would   
 be important to someone interested in adopting this dog?

22. Are you willing to allow the dog to remain with you until an appropriate home is found? (Y) or (N)

If not, when do you need to transfer possession of the dog?

Add any other comments, especially about the dog’s good points on a separate page. Please provide a picture, if possible.