

**MEMPHIS AREA GOLDEN RETRIEVER RESCUE
INTAKE PROFILE**

OWNER: _____ **Phone:** _____ **Email:** _____

Dog's Name _____ Spayed/Neutered? _____ Age _____ DOB _____

When did you acquire this dog? _____ Age of dog at the time _____

Description of dog (color, weight) _____

Where did you acquire this dog? Pet store _____ Shelter _____ Stray _____ Breeder _____ Private Adoption _____

Breeder/Shelter/Previous Owner's Name & Address _____

Has the dog ever been treated for Ear infections? _____ Hot spots/skin problems? _____ Allergies? _____

Any other problems? _____

What brand of dog food? _____ Once Twice Daily (circle) What time? _____
How much each feeding? _____

Where does the dog sleep? _____
Live during the day? _____

What commands does he know? _____

Has the dog ever growled at or bitten anyone? _____ If the answer to this question is "yes", has the bite occurred within the past 10 days? _____ Please explain: _____

What does the dog like? _____

Dislike? _____

What are his best points? _____

Worst points? _____

List any other information that might be helpful for placement or for the new owners: _____

Why are you surrendering this dog? _____

Does/Is your dog ?	**CIRCLE IF YES**	Like to ride in cars	Good with cats	
Afraid of storms	Let you take toys away	Like to swim	Good with other dogs	
Used to children	What ages? _____	Chase cars	Jump Fences	Used to being groomed
Good with children	Urinate when scared	Housebroken	Used to being walked	
Come when called	Dig	Crate trained	Obedience trained	Growl at strangers

Call 901-755-5607 or email rescuegold@magrr.org and arrange to bring this form with you.
In the meantime please email a picture of your Golden to rescuegold@magrr.org