



COASTAL JACK RUSSELL RESCUE

TO FILL OUT THIS FORM, HIGHLIGHT THE DOCUMENT AND CUT AND PASTE INTO A NEW EMAIL. **PLEASE INCLUDE A PHOTOGRAPH WITH YOUR PROFILE. WE WILL NOT TAKE ANY DOG INTO RESCUE WITHOUT SEEING IT 1ST.**

JACK RUSSELL RESCUE PERSONALITY PROFILE

PLEASE PROVIDE VETERINARIAN MEDICAL RECORDS WITH DOG

THANK YOU FOR FILLING OUT THIS PROFILE. IT WILL HELP US IN MAKING THE BEST PLACEMENT FOR YOUR DOG.

OWNERS NAME: _____

OWNERS ADDRESS: _____

OWNERS CITY & STATE: _____

OWNERS PHONE NUMBERS: _____

TERRIER NAME: _____

AGE: _____ DATE OF BIRTH: _____

GENDER: MALE / FEMALE SPAYED /NEUTERED: YES / NO

HEIGHT: _____ WEIGHT: _____ COLOR: _____

COAT TYPE: ___ SMOOTH ___BROKEN ___ROUGH

WHY ARE YOU PLACING THIS DOG WITH RESCUE? _____

WHERE DID YOU GET THIS DOG: _____

BREEDERS NAME _____

PHONE # _____

HOW MANY HOMES HAS THIS DOG HAD? _____

WHERE IS THE DOG KEPT DURING THE DAY:

___ INSIDE CONFINED ___ INSIDE LOOSE ___ OUTSIDE CONFINED

___ OUTSIDE LOOSE ___ OUTSIDE KENNEL ___ OTHER (PLEASE EXPLAIN)

WHERE IS THIS DOG KEPT AT NIGHT:

___ INSIDE CONFINED ___ INSIDE LOOSE ___ OUTSIDE CONFINED

___ OUTSIDE LOOSE ___ OUTSIDE KENNEL ___ OTHER (PLEASE EXPLAIN)

IS THE DOG HOUSEBROKEN: ___ COMPLETELY ___ ALMOST (BEING TRAINED)

___ PAPER TRAINED ___ CRATE TRAINED "MARKS" TERRITORY

IS THE DOG CRATE TRAINED: ___ YES ___ NO

DOES THE DOG CRY/BARK WHEN IN THE CRATE? ___ YES ___ NO

DOES THE DOG LIKE THE CAR? ___ RIDES WELL ___ AFRAID

___ IN CRATE ONLY ___ GETS CARSICK

VETERINARIAN

NAME: _____

VETERINARIAN PHONE

NUMBER: _____

DATE OF LAST VISIT _____

LAST SHOTS _____

LAST DATE OF HEARTWORMER

GIVEN: _____

TYPE AND AMOUNT OF DOG FOOD FED? _____

TYPE OF HOUSEHOLD DOG IS USED TO: ___ QUIET ___ FAIRLY QUIET

___ BUSY ___ VERY BUSY

CHECK THE ITEMS THE DOG IS PROTECTIVE OF: ___ FOOD BOWL ___ TOYS

___ RAWHIDE BONES ___ OWNER ___ FURNITURE ___ PEOPLE ___ OTHER

DOG IS PROTECTIVE OF THESE ITEMS WITH: ___ OTHER ANIMALS ___ CHILDREN

___ ADULTS PEOPLE & ANIMALS

HAS THE DOG EVER BITTEN ANYONE? ___ YES ___ NO

IF YES, DESCRIBE THE SITUATION: _____

DID THE BITE BREAK THE SKIN: ___ YES ___ NO

DID THE DOG BITE: ___ ADULT ___ CHILD (AGE OF CHILD _____)

HOW DOES THE DOG REACT TO:

NEW PEOPLE _____

CHILDREN _____

OTHER DOGS: _____

CATS & OTHER ANIMALS: _____

VETERINARIAN: _____

GROOMER: _____

UNDER WHAT CIRCUMSTANCES DOES THE DOG:

GROWL _____

SNAP _____

BARK: _____

WHAT TYPE OF FOOD DOES THE DOG EAT: _____

WHAT TIME OF DAY IS DOG FEED: _____

IS THE DOG ALLOWED ON THE FURNITURE: ___ YES ___ NO

WHAT PIECES OF FURNITURE_____

WHAT ARE THE DOG'S FAVORITE TOYS/GAMES/TRICKS?

HAS THE DOG HAD OBEDIENCE TRAINING: ___ YES/FORMAL TRAINING

___ YES/TRAINED ON OWN ___ NEEDS WORK/REFRESHER ___ NO TRAINING

CHECK THE COMMANDS THE DOG KNOWS: ___ SIT ___ STAY ___ COME ___ OFF

___ DOWN ___ PAW ___ SHAKE ___ NO _____ OTHER

HOW HAS THIS DOG BEEN CORRECTED WHEN IT MISBEHAVES:_____

HOW DOES THE DOG REACT TO CORRECTIONS?

HOW MUCH AND WHAT KIND OF EXERCISE IS THE DOG USED TO? _____

IS THE DOG ALLOWED TO PLAY ROUGH WITH PEOPLE? ___ NO ___ YES

IF YES, PLEASE DESCRIBE:

THIS DOG CAN BEST BE DESCRIBED AS: PLEASE CHECK ALL THAT APPLY.

___ EASY GOING ___ LOYAL ___ FRIENDLY ___ ONE PERSON DOG ___ SHY

___ AGGRESSIVE ___ HYPER ___ NOISY ___ PROTECTIVE ___ OBEDIENT

___ ACTIVE ___ QUIET ___ PLAYFUL ___ OUTGOING ___ DESTRUCTIVE

___ AFFECTIONATE ___ DEMANDS ATTENTION ___ SMART

ARE THERE ANY PLACES ON THE DOGS BODY THAT IT DOES NOT LIKE TO BE TOUCHED: ___ NO ___ YES

IF YES, PLEASE DESCRIBE_____

DESCRIBE ANY SPECIAL MEDICAL PROBLEMS OR CONDITIONS: _____

THANK YOU FOR COMPLETING THIS FORM. PLEASE BE AWARE THAT ANY FALSIFICATION OR MISREPRESENTATION OF THE PET COULD RESULT IN THE PET BEING EUTHANIZED. PLEASE UNDERSTAND THAT ALL INFORMATION, GOOD OR BAD, IS IMPORTANT FOR THE PROPER PLACEMENT OF THE PET.

The laws of South Carolina will govern the interpretation and enforcement of this contract. I, _____, certify that I am the sole owner of the dog described above and that I have the right to give it away. I further certify that there are no unpaid veterinary bills or claims on said dog. I hereby renounce all claims to the above-described Terrier. It is my understanding that the Coastal Jack Russell Rescue Committee will do what is best for the dog. With this instrument the dog becomes the property of the Coastal Jack Russell Rescue Committee.

Signed _____