



Contact Information

NAME:								
ADDRESS: _								
CITY:				STATE:		ZIP C	ODE:	
HOME PHO	NE:			_ CELL/WOR	K PHONE: _			
EMAIL:								
DRIVER'S LIC	CENSE #:				_ EXP DATE	:	DOB:	
Dog Gene	eral Inforn	nation						
DOG'S NAM	E:							
AGE (if know	vn):			_	MICROCHI	PED:	YES	NO
MICROCHIP	NUMBER: _					GENI	DER: M	l F
BREED:								
Is your dog a If yes,		l? s) is/are your		NO				
Dog Healt	th Inform	ation_						
VETERINARI	AN NAME:							
VET PHONE	:			_ VET	FAX:			
WEIGHT (est	timate if uns	ure):		_ SPAY	'ED/NEUTER	ED:	YES	NO
VACCINES G	iIVEN (please	e circle all that	t apply):	:				
Rabies	Parvo	Distemper		Adenovirus	(Hepatitis)	Parai	nfluenza	DHPP
Bordetella	Lepto	ospirosis	Lyme	Disease	Influ	enza	C	OVID

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1.	YES/NO	Has your dog had a heartworm test in the last year?							
2.	YES/NO	Does your dog receive regular flea/tick preventatives?							
	a. If yes,	s, what is the name?							
3.	YES/NO care?	Does your dog have any illnesses or injuries that require immediate care or ongoing s, please describe.							
	a. II yes,	piease c	iescribe.						
D	og Pers	onality	√ & Traits						
1.	Why are	you surr	endering your do	og?					
_					1440				
2.	wnere ai	d you ge	et your dog, and r	now long have you ha	nd it?				
	-								
3.	YES/NO	ES/NO Has your dog ever injured another person?							
	a. If yes, please describe what happened.								
4.	YES/NO	Has vou	ur dog ever iniure	ed another animal?					
		-	-	hat happened					
		-							
5.	Describe	your dog	g's personality by	circling all of the fol	lowing that apply:				
House Trained Crate Trained		Crate Trained	Leash Trained	Indoor Dog Outd		oor Dog			
Chewer			Diazar	Daylon/Naiov	Maukou	Chass	Chaser/Runner		
CI	iewei	L	Digger	Barker/Noisy	Marker	Cliase	er/Ruiller		
Energetic		F	Friendly	Shy/Timid	Playful	Fearf	Fearful/Anxious		
Calm Protective		Aggressive	Obedient Stubbo		orn				
6.	YES/NO	ls your	dog good with of	thers? Circle all of the	e following that ap	ply:			
Ca	Cats		Small Dogs	Large Dogs	Livestock		Chickens		
Sn	Small Children		Older Children	Strangers	Needs to be Only Dog D		Don't Know		

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7. Is there anything else we should know about your dog?				
Agreement				
to Macon County German Shepherd Rescue. I expression volunteers, staff, employees, fosters, or subcontract actions relating to the transfer of this pet by me (the nature of that legal action. I understand that MCGS family that they deem appropriate for the animal, but they deem appropriate for the second countries of	ctors will be indemnified from any and all legal ne owner) regardless of the scope, location, or S Rescue will rehome this animal to any person or based on their standard criteria, and will have the expressly agreed upon by both parties at the time of in any bite case, nor done harm to any human kind to any humans during the time I have owned curned over with the animal are accurate and			
this application is true. I affirm that I have full right	conditions. I certify that the information entered on and power to sign and be bound by this agreement, its terms. If electronically completed, by typing your unically. You agree that your electronic signature is			
Signature:	Date:			

PLEASE EMAIL COMPLETED APPLICATION TO MACONCOUNTYGERMANSHEPHERDS@GMAIL.COM

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