

Cocker Spaniel Recovery Foundation Evaluation Form For Shelter or Owner Relinquished Dogs

CONTACT INFORMATION:

Full name: _____

Email address: _____

Phone: _____

Alternate phone: _____ Cell Work Other (circle one)

Street address: _____

City/ State/ Zip _____

Country: _____

Dog's Name: _____

Sex: _____ Age: _____ Color/distinguishing markings: _____

Weight: _____ Spayed _____ Neutered _____ Intact _____

Reason for Relinquishment: _____

Tail docked _____ Dewclaws removed? _____

Is the dog micro chipped? If so, company and number _____

Is the dog AKC registered? _____ If so, who is the breeder? _____

Can or will you provide the paperwork needed to surrender your pet; this may include the records from your vet and or Breeder papers.

MEDICAL INFORMATION

Vet's Name:

Phone:

Address:

City/State:

Date of last vaccines _____ Date of heartworm test _____

On heartworm preventative _____ on flea preventative _____

Any ear infections Yes _____ No _____

Known medical conditions Yes _____ No _____

Please explain:

Medications taken:

TEMPERMENT / BEHAVIOR

Housetrained _____ Crate trained _____ Good with children _____

Good with other dogs _____ Good with cats _____ Rides well in car _____

Any aggressive behavior Yes _____ No _____ Explain _____

Any history of biting if so, please explain. _____

Good at groomer's Yes _____ No _____

Are you the original owner? If not, give history _____

Photo available? Yes _____ No _____ Can it be emailed to CSRF Yes _____ No _____

Where does the dog stay during the day? _____

Where does the dog sleep _____

INTRODUCTORY EVALUATION

Note: When seeing the dog for the first time, kneel slowly and DO NOT look into the dogs eyes (this is intimidating to any dog).

Do NOT take young children with you. (The meet and greet will come later)

Please Do NOT immediately grab for the dog, hug it, or drag it to you.

Allow the dog to come to you, by sitting and ignoring the dog, the dog will come to you.

Be sure to observe:

• **Eyes** Red Yes _____ No _____ Drainage Yes _____ No _____ Cloudy Yes _____ No _____

Other (*describe*)

• **Ears:** Red Yes _____ No _____ Brown & Smelly Drainage Yes _____ No _____

• **Teeth:** Any broken teeth? Yes _____ No _____ Yellow or tartar build up? Yes _____ No _____

• **Sores:** Yes _____ No _____

Location & Description

• **Skin conditions** (*Describe*)

• **Feces & Urine**

Runny Yes _____ No _____ Solid Yes _____ No _____ Wormy Yes _____ No _____ Bloody Yes _____ No _____

Anything out of the ordinary, (*describe*)

Judge overall temperament and reaction to surroundings:

What is the dog's behavior when the kennel attendant removes the dog from the pen? *(Describe)*

Is the dog willing to come to you? Yes____ No _____ Does the dog know its name? Yes____ No _____ Curious?
Terrified? Cautious? *(Describe)*

Does the dog ignore you? Yes____ No _____ Will he roll over for a belly rub? Yes____ No _____

Will the dog allow you to touch and hold the ears and muzzle? Yes____ No _____

If so, look at his teeth; handle his toes, his underside, his privates, and his tail.

How does he react to your enthusiasm? *(Describe)*

Will the dog stand for your examination? Yes____ No _____ is the dog trying to bond with you. Yes____ No _____

Is the dog trying to get away? Yes____ No _____

Do you see any personality quirks that make you uncomfortable? Yes____ No _____

If so, describe

Other Comments:

(Revised 10/2011)