

## Bullmastiff Rescuers, INC

### Dog Surrender Questionnaire

Please fill out this form and return to:  
 Bullmastiff Rescuers, Inc.  
 PO Box 16 Pottersville, NJ 07979  
  
 Email: brinc2@verizon.net

Name:		Date:	
Email:		Home Phone:	
Address:		Work Phone:	
City:	State:	Zip:	Fax:
			Mobile:

Immediate give-up required:	Yes No Other:
Why is dog being given up?	
How long can you keep the dog?	

#### DESCRIPTION OF DOG:

Breed:		Name:		Sex:	Male Female	Age:	
Weight:		Color(s):		Spayed/Neutered:	Yes No	D.O.B.	
Purebred?	Yes No	AKC Papers?	Yes No	Hair long/short:			
Owned from pup?	Yes No	If no, how long?		Where did you get the dog?			
I am sending a picture via:	Email Regular mail		Breeder/ Kennel Name/City/State				
Is the dog REALLY housebroken?	Yes No	Accidents?	Yes No				
What words are used to tell the dog to go potty? What is the procedure?							
RE: Potty: Is the dog used to?	Leash Walks Pads Paper Fenced Yard Other: _____						

#### HEALTH MAINTENANCE RECORD

Dates of last shots:	DHLPP date:		Rabies date:	
Heartworm test date: Heartworm Free?	Yes No	_____, 20____	Given heartworm preventative? Brand?	Yes No Date last given: _____ Interceptor Heartguard
Date of last vet visit:			Date Flea/tic preventative last given:	
Name of vet office:			Vet's Phone and/or email:	
Purpose of visit:			Willing to authorize release of Vet records to BRI/ or provide vet records?	Yes No
Do you use flea/tick prevent?	Yes No		Name of flea/tic preventative	
Any health problems?	Yes No If yes, explain:			
Any surgery besides altering?	Yes No If yes, explain			

SOCIALIZATION			
Dog is good with:	Cats Dogs Men Women Children Other:		
Other Comments:			
PERSONALITY			
Check all that apply:			
Runs away (Bolts if door is opened) Friendly Barks excessively (at nothing) Digs excessively Active Calm	Hyper (never sits still) Shy Protective Nervous (shakes around strangers) Aggressive (bares teeth) Rides well in car; likes car rides Gets sick in car	Lapdog Kisser Loves playing with children Fetches Other:	
Personality comments:			
<b>Has the dog bitten/ attempted to bite another dog/person?</b>	Yes No If yes, explain:		
Is the dog destructive in any way?	Yes No If yes, explain:		
How long is he/she used to being alone?	hours	Food: Brand/type/wet or dry?	
Explain any problems being left alone:			
Stays where when alone?			
Best kind of home would be:			

**Please submit a recent picture of the dog with this form.**

Any additional information that might help in placement can be written below.