



Listing Application: Seattle Purebred Dog Rescue

Please fill out this form completely and return it to the address on the back. SPDR is a non-profit 501(c)(3); we also request that you make a tax-deductible donation to help us offset expenses.

Name: _____		Home Phone: ()	
Address: _____		Alternate Phone: ()	
City: _____	State: _____	Zip: _____	
E-mail Address: _____		Best Time to Call: _____	
About the Dog You Wish to List		May we give your Phone(s)# to applicants who are interested in your dog? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Dog's Breed: _____		Dog's Age: _____	Dog's Birth Date: _____
Dog's Registered Name: _____		Dog's Call Name: _____	
Are registration papers available? <input type="checkbox"/> No <input type="checkbox"/> Yes = From what registration organization? _____			
Will you provide registration papers to the new owner? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Is the Dog Co-Owned? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, you must provide a signed release from the dog's co-owner).			
Dog's Color: _____		Weight: _____	Sex: M F Spayed/Neutered? <input type="checkbox"/> No <input type="checkbox"/> Yes
Is the dog microchipped? <input type="checkbox"/> No <input type="checkbox"/> Yes = Chip# _____		Chip Manufacturer: _____	
Is the dog crate trained? <input type="checkbox"/> No <input type="checkbox"/> Yes	Housebroken? <input type="checkbox"/> No <input type="checkbox"/> Yes	Paper trained? <input type="checkbox"/> No <input type="checkbox"/> Yes	
How long have you owned this dog? _____		Are you the first owner of this dog? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you tried to re-home this dog yourself? (describe): _____			
Was the dog bought from a breeder? <input type="checkbox"/> No <input type="checkbox"/> Yes = Breeder's name: _____			
Did you ask breeder about re-homing? <input type="checkbox"/> No <input type="checkbox"/> Yes = What was their response? _____			
Was the dog bought from a pet store? <input type="checkbox"/> No <input type="checkbox"/> Yes = Name of store / city: _____			
Was the dog adopted from a shelter? <input type="checkbox"/> No <input type="checkbox"/> Yes = Name of shelter / city: _____			
If not from a breeder, shelter, or pet store, where did you get the dog? _____			
Dog's veterinarian's name: _____		City: _____	Phone: ()
Are the dog's shots up to date? <input type="checkbox"/> No <input type="checkbox"/> Yes		Will you provide health records to the new owner? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Describe any physical problems the dog has: _____			
Any allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes		Is the dog on medication? <input type="checkbox"/> No <input type="checkbox"/> Yes = List: _____	
(If Unspayed Female): Is there a chance she's pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes When was her last heat cycle? _____			
Has the dog had any obedience classes? <input type="checkbox"/> No <input type="checkbox"/> Yes = Where? _____			
Other training? (circle all that apply): CGC guard agility herding tracking hunting Trainer: _____			
List all commands, tricks, and skills: _____			
What brand of food is fed? _____		How much does dog eat per day? _____	
Does dog growl when you take away food or toys? <input type="checkbox"/> No <input type="checkbox"/> Yes		What does dog dislike? _____	
What does this dog like best? _____			
What does this dog fear? _____			
Does dog have the following habits? <input type="checkbox"/> Destructive chewing <input type="checkbox"/> Digging <input type="checkbox"/> Jumps/climbs fence <input type="checkbox"/> Excessive barking			
Where has this dog spent its <u>days</u>? <input type="checkbox"/> Loose indoors <input type="checkbox"/> Outdoor kennel <input type="checkbox"/> Crate indoors <input type="checkbox"/> Fenced yard <input type="checkbox"/> Basement <input type="checkbox"/> Tied up outside <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____		Where has this dog spent its <u>nights</u>? <input type="checkbox"/> Loose indoors <input type="checkbox"/> Outdoor kennel <input type="checkbox"/> Crate indoors <input type="checkbox"/> Fenced yard <input type="checkbox"/> Basement <input type="checkbox"/> Tied up outside <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____	
Is dog... (check all that apply) <input type="checkbox"/> Aggressive <input type="checkbox"/> Reserved <input type="checkbox"/> Alpha <input type="checkbox"/> Timid/Shy <input type="checkbox"/> Confident <input type="checkbox"/> Nervous <input type="checkbox"/> Playful <input type="checkbox"/> Fearful			

How does this dog react: ...to being alone in the home?	
...to being alone in the yard?	...alone in a car?
...around strangers?	...walked on leash?
How does this dog react when meeting other dogs?	
Is this dog aggressive to other dogs? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes	Has it lived peaceably with other dogs? <input type="checkbox"/> No <input type="checkbox"/> Yes
How does dog react to cats?	Has it lived peaceably with cats? <input type="checkbox"/> No <input type="checkbox"/> Yes
How does dog react to livestock?	Has it lived around livestock? <input type="checkbox"/> No <input type="checkbox"/> Yes
Does this dog chase other animals? <input type="checkbox"/> No <input type="checkbox"/> Yes = Describe:	
Has this dog killed another animal? <input type="checkbox"/> No <input type="checkbox"/> Yes = Describe:	
How does this dog react to children?	
Has this dog lived with children? <input type="checkbox"/> No <input type="checkbox"/> Yes = How many, and what ages?	
Does this dog snap or nip at people? <input type="checkbox"/> No <input type="checkbox"/> Yes = What causes this?	
Has this dog ever bitten a person? <input type="checkbox"/> No <input type="checkbox"/> Yes = What caused it?	

- Did wound require medical attention? <input type="checkbox"/> No <input type="checkbox"/> Yes = Describe:	

- Was bite reported to city or county animal control? <input type="checkbox"/> No <input type="checkbox"/> Yes = In what city?	

- Was dog quarantined? <input type="checkbox"/> No <input type="checkbox"/> Yes = Describe:	

What is the most appealing thing about this dog?	
What is this dog's biggest fault?	
Why is this dog up for adoption?	
How did you hear about SPDR?	
Agreement and Consent	
____ (initial) All of the information I have provided on this form is true and complete.	
____ (initial) I understand that any intact (not spayed or neutered) dog placed by SPDR must be spayed or neutered as a term of adoption.	
____ (initial) I understand that SPDR may not be able to place this dog due to its age, health, physical condition, personality, lack of training, or lack of demand for this breed.	
____ (initial) I understand that I may not receive any compensation for this dog.	
Please read the following carefully, sign, and date:	
I, _____, hereby make available for adoption through Seattle Purebred Dog Rescue this (breed) _____ named _____.	
I certify that I am the owner of this dog, free and clear of all other interests. I certify that this dog is not possessed of any dangerous or vicious propensities and that I have not willfully concealed information about this dog that might indicate such propensities. The information I have provided about this dog is true and complete. I forever release, discharge and agree to hold harmless and indemnify Seattle Purebred Dog Rescue, its Board of Directors, officers and agents from all claims, demands, actions, causes of action, or liability of any kind whatsoever arising as a result of or in connection with the adoption or any other disposition of the above-named dog.	
Read, understood and agreed:	
Owner's Signature: _____	Date: _____

Please mail this form to SPDR at:
Seattle Purebred Dog Rescue • P.O. Box 3523 • Redmond, WA 98073-3523 • (206) 654-1117
 ***** NOTE: If you have a good photo(s) of the dog, please include it with this form *****