

Patrons:
The Lord Astor of Hever DL
Maj-Gen John Badcock CB MBE DL
Archie Norman
Jenny Seagrove
Vicky Payne BVetMed MRCVS



A DOG TO BE CONSIDERED FOR REHOMING

Owner's Name:

Address

Postcode..... Telephone Email:.....

Dog's name Sex?.....

Age and date of birth? Type of Springer Working or show strain

Colour? Liver/white - black/white - Tri House trained?

Tail? Long ½ dock Full dock Neutered or spayed?

Date of last vaccination?.....Date of last season?.....

Micro-chip or tattoo number?.....

Reason for re-homing?.....

Health

Name and address of Vet

Does the dog have any health problems?
(please ask your Vet for dog's medical history and enclose with this form, or give permission to be obtained by ESSW)

Does the dog have any behavioural problems such as separation anxiety, food guarding, etc?.....

Please give types of treatment used and last date applied for:

Kennel Cough Worming Fleas

History

Are you the first owner?..... How long have you had the dog?

Where did you obtain the dog?

Do you have pedigree papers?.....Is the dog Kennel Club registered?.....

Formal training classes?General obedience.....Gun Agility Show Other.....

Does the dog pull on the lead? Have you used a Halti/Gentle Leader?.....

When off the lead, does the dog come back when called?.....

Temperament

Describe the dog's temperament? Nervous Boisterous Quiet Happy-go-lucky Manic Other?

How does the dog greet visitors? Barks Jumps up Other?.....

