

Patrons:  
The Lord Astor of Hever DL  
Jenny Seagrove  
Vicky Payne BVetMed MRCVS  
Jay Postones  
Archie Norman  
Isobel McGlashon  
Jackie Meager



## A DOG TO BE CONSIDERED FOR RE HOMING

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?.....

Can you examine the dog's ears?..... Teeth ..... Run your hands over his body? .....

Can you remove an object from the dog's mouth?.....

What is the condition of his coat?.....Weight..... Teeth .....Ears .....Matting.....

Does the dog travel well in a car?..... Behind guard ..... Crate ..... Back seat with harness .....

Does the dog play with toys?..... Is the dog ball-obsessed?.....

Does the dog have contact with children?..... Daily..... Weekly ..... Occasionally .....

How does the dog behave with children?..... Ages of children? .....

Does the dog have contact with other dogs?..... Cats?..... Pet rabbits? ..... Horses? .....

Cattle?..... Sheep?..... Poultry? ..... Other pets? .....

Does the dog have any problems with seeing the Vet?.....

Where does the dog sleep? ..... Inside Outside kennel Own bed Crate In house

When left alone where is the dog kept? ..... Inside Outside kennel Own bed Crate In house

When left alone does the dog bark? Chew ... Scratch door ... Cry ... Howl ... Wet floor ... Other .....

Has the dog ever shown any aggression to people or other animals? If yes give details .....

Has the dog ever bitten? If yes give details .....

Type of bite? ..... Rough mouthing ..... Nip ..... Snap ..... Play biting firmly .....

What treatment did the bite require? ..... GP treatment ..... Hospital ..... First aid at home .....

What caused the dog to bite? .....

Feeding – Which brand and what quantity at each meal?.....Usual meal times:.....

Any food allergies?..... Any other allergies? .....

Any other relevant information? .....

Where did you hear about us?.....

**Checklist: have you enclosed copies of your dog's pedigree, vaccination certificate, Vet's report and a photograph?**

Signature: ..... Date ..... ESSW received by ..... Date .....

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