



German Shepherd Rescue New South Wales Incorporated

ABN 20 101 227 931 / R251000039

Dog Information Sheet

Please complete this with as much information as possible as it will help us find the best home for your dog.

Name:		Date	
Email:		Phone	
Address			
Registered Owners	If different from above		
- Name			
- Address			

Basic Information					
Dog's Name					
Breed (cross)	German Shepherd ()				
Colour					
Sex	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	
Coat	Short	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Long Coat <input type="checkbox"/>
Date of Birth					
Microchip number				Tattoo (ABC 123)	
Where did you get your dog from: Breeder (Pedigree or BYB), Friend, Gumtree					
Is your dog Desexed (Please supply copy of Desex Certificate)				Council Registered?	
Weight (or approx)/ Date last weighted					

Why do you need to rehome your dog?	
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Vet / Medical			
Does the dog have any medical conditions, allergies (please supply details)			
Ears condition - Fly strike, Redness, Smelly			
Does your dog have any Wounds / Lumps		Arthritis	
If female has she had any litters?		Mammary Tumors	
Date last vaccinated (Please supply copy of Vaccination Certificate)		Type (C3, C5)	
Date last wormed		Brand	
Date last Heartworm prevention		Brand	

Outside	
How much exercise does he/she get?	
Walking on lead (what type of lead/harness use)	
Has your dog been Obedience, Protection or Guard dog trained? If so, what training centre or Trainer?	

Level of basic obedience training? Sit / Drop / Stay / Come	
What is your dog like with other dogs?	
What is he/she like travelling in car?	

Inside	
House trained, lounge lizard or hyper active	

Behaviour	
Is your dog Registered as a dangerous dog	
Does your dog have a Nuisance order	
Has the dog ever bitten / growled / attacked / lunged at someone?	
Is it a climber or escape artist	
Bad behaviours - digging, barking etc	

How does your dog behave with:	
People / Dogs	
Fireworks / Storms / Lawn Mower	

Live with others (list types and ages)	
Cats / other dogs	
Children	

Feeding	
Times of day) / Type of food ie Fresh or brand	
Bones	
Can you handle your dog when eating	
Does your dog eat – Slow / Average / Fast	
Does your dog Guard toys or people	

Water – how does your dog behave with:	
Hydro bath / beach	
Clam shell / Pool / Hose	

Sleeping	
Where (Inside/Outside) and on What?	

Other comments	

Date:		Signed	
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If you are unable to sign this document – your name typed here will be accepted as an electronic signature

Office Use Only:			
Date:		Completed by:	