



Southern California Golden Retriever Rescue  
P.O. Box 25698  
Los Angeles, CA 90026  
(866) 299-1899

## DOG EVALUATION & CARE INSTRUCTIONS

Dog Name: \_\_\_\_\_ SCGRR Tag # \_\_\_\_\_

Responds to (list all names that apply): \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: Male / Neutered Female / Spayed

Weight: \_\_\_\_\_ lbs. In prior/foster home for \_\_\_\_\_ years / months

Physical problems: No / Yes . . . Explain: \_\_\_\_\_

How Long: \_\_\_\_\_

Allergies: No / Yes . . . Explain: \_\_\_\_\_

How Long: \_\_\_\_\_

Obedience training: No / Yes Trainer/School/Date: \_\_\_\_\_

Commands, skills, tricks: \_\_\_\_\_

Housetrained: Yes / No Crate-trained: Yes / No Leash trained: Yes / No

Spends day: loose in house / crated / garage / fenced yard / tied out / dog run

Dog is: Playful / Friendly / Hyperactive / Loving / Vocal / Shy / Protective / Escape artist

Lazy / Smart / Aggressive / Afraid / Couch Potato / Other \_\_\_\_\_

Reacts to large dogs: How \_\_\_\_\_ small dogs \_\_\_\_\_

Reacts to cats: How \_\_\_\_\_

Reacts to other animals (birds, hamster, bunnies, etc.): \_\_\_\_\_

Reacts to strangers: How \_\_\_\_\_

Lived with children: No / Yes . . . what ages: \_\_\_\_\_

Around children, dog is: Friendly / Hyper / Playful / Afraid / Shy / Aggressive

Reacts to being alone in the yard: How \_\_\_\_\_

Reacts to being alone in the house: How \_\_\_\_\_

Can be left alone for up to \_\_\_\_ hrs. Separation anxiety: Yes / No \_\_\_\_\_

Reacts to surprises: How \_\_\_\_\_

Reacts to loud noises: How \_\_\_\_\_

Barks excessively: Yes / No Digs: Yes / No Jumps fences: Yes / No



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Chews items: Yes / No Shows shyness: Yes / No Snaps/nips people: Yes / No

Possessive of food/toys/treats: No / Yes Explain: \_\_\_\_\_

Riding in car: Likes / Dislikes Throws up in car: Yes / No

Likes to swim: Yes / No / Don't know Is good at dog parks: Yes / No / Don't know

Favorite activities: \_\_\_\_\_

Favorite toys: \_\_\_\_\_

Likes to be petted (where, i.e. belly, ears, etc.) \_\_\_\_\_

Does not like to be petted/touched: (where, i.e. belly, ears, etc.) \_\_\_\_\_

Fears and fear reactions: \_\_\_\_\_

Unusual behaviors: \_\_\_\_\_

Habits that need some attention: \_\_\_\_\_

Last flea treatment: (month/day/year/type) \_\_\_\_\_

Medications/dosages: \_\_\_\_\_

Ailments being treated: \_\_\_\_\_

Special diet needs: \_\_\_\_\_

Regular food: Dry (brand) \_\_\_\_\_ Canned (brand) \_\_\_\_\_

How much at each serving \_\_\_\_\_ cups Once / Twice a Day

Supplements: \_\_\_\_\_

Likes to sleep: (where/on what) \_\_\_\_\_

Other Information \_\_\_\_\_

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