



INTAKE Application For a Dog in Need of Re-Homing or Rescue

NISRA
4 Berwick Rd., Lexington, MA 02420
www.nationalicelandicsheepdogrescuealliance.org
nisrabod @ gmail.com

In order to assist you and to advertise on our website your Icelandic Sheepdog that is in need of a new home, NISRA must first receive the following questionnaire with full disclosure of any behavioral or pre-determined health issues, and a check in the amount of \$30 made payable to NISRA.

We would appreciate that if the identified dog is currently in a shelter or placed in a foster home affiliated with another rescue group that all known information about the dog be forwarded to us.

Application From:

Name _____
Address _____
City, State, Zip _____
Phone (Home) _____
Phone (Cell) _____
Email _____

Dog's Formal Name and Sex: _____ Male ___ Female ___

Dog's Call Name: _____

Breeder: _____

State and /or Country of Origin: _____

Registration #: _____

Dog's date of birth: _____

A current photo of your dog must accompany this application.

1. What is the reason for the placement of your dog? _____

2. Has your dog been bred or used as a stud? Yes ___ No ___

3. How long have you had this Icie? _____

4. Are there any other animals in your home? Yes ___ No ___

5. If yes, please list other animals along with their breed, age and sex. _____

6. Have you observed any aggression in your dog? Yes ___ No ___

7. Please explain what type of aggression: _____

8. Has your dog bitten people? Yes ___ No ___

9. What were the circumstances behind this and was any type of medical attention needed? _____

10. Does your dog get along with other animals? Yes ___ No ___
11. Have you had your dog trained by a professional trainer? Yes ___ No ___
12. Has your dog been de-barked? Yes ___ No ___ How many times? _____
13. When were the dogs' last inoculations? Month/Day/Year _____
14. What medication does your dog take? (please include flea, heartworm preventative, behavior etc.) _____

15. For how long has he taken this medicine? _____
16. Does your dog travel well? Yes ___ No ___
17. What mode of transportation has your dog been transported? Car _____, Plane _____, Bus _____, Other _____
18. Is your dog crate trained? Yes ___ No ___
19. Does your dog become more aggressive in a crate? Yes ___ No ___
20. What do you feed your dog? (please list brand and type of food) _____
21. Do you give your dog table food? Yes ___ No ___
22. How does your dog typically greet a stranger? (please explain) _____

23. Does your dog like to be groomed? Yes ___ No ___
24. Does your dog become aggressive when you clip his/her nails? Yes ___ No ___
25. If you have multiple animals, do you feed them together? Yes ___ No ___
26. How much exercise does your dog get? _____

27. Has your dog ever been injured? Yes ___ No ___
28. What were the circumstances behind the injury? _____

29. Please list any surgical procedures your dog has had: _____

30. Has your dog been diagnosed with any inherited health issues? (eyes, hips, etc.) _____

31. Please share the living environment of your dog: (apartment, house, farm, city, etc.) _____

32. Has your dog damaged your home or living arrangements? Yes ___ No ___
If Yes, Please explain: _____

34. Is this dog registered or recorded with any organization of kennel club? Yes ___ No ___

35. Do you have a pedigree for this dog? Yes ___ No ___ If so, please attach a copy.

36. If you are away over night, where does your dog stay? _____

37. Is anyone in your home allergic to dogs? Yes ___ No ___

38. How well does your dog get along with the following:

- Adult Family Members? Excellent ___ Good ___ Fair ___ Poor ___ (choose one)
Children living at home? Excellent ___ Good ___ Fair ___ Poor ___ (choose one)
Strangers? Excellent ___ Good ___ Fair ___ Poor ___ (choose one)
Other dogs? Excellent ___ Good ___ Fair ___ Poor ___ (choose one)
Other animals? Excellent ___ Good ___ Fair ___ Poor ___ (choose one)

Please comment if necessary:

39. Have you had dogs before? Yes ___ No ___

40. If yes, what breeds? _____

41. Have you ever relinquished a dog before? Yes ___ No ___

If yes, what were the circumstances? _____

43. Is your dog housebroken? Yes ___ No ___

Reference

Who is your Veterinarian? Name _____

Address _____

City, State Zip _____

Phone _____

Email _____

The National Icelandic Sheepdog Rescue Alliance is not liable for any dog placed through our rescue assistance. This questionnaire is simply to help ascertain the best possible placement of your dog. By signing this questionnaire, you have stated that to the best of your ability all answers are true statements of the current conditions of your dog and that you understand the following conditions:

Upon receipt of this completed and signed request to re-home/rescue an identified purebred Icelandic Sheepdog, NISRA will:

- a. Notify persons of your available dog and your contact information.*
- b. Provide you the names and state locations of persons notified and provide the posting and notification services noted below upon receipt of a \$30 fee per dog.*

NISRA will post your dog's information on the appropriate web page and will post a general notification to the ISAA internet group as communication tools to assist in re-homing/rescuing your dog.

It will be up to the you and the adopting party to come to an agreement regarding any re- homing/ rescuing, including but not limited to all transportation, veterinary services, cost, etc.

Signature: _____

Date: _____

Form received by: _____

Date received: _____