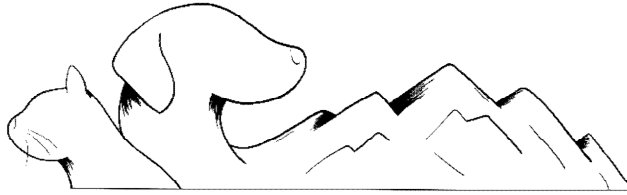


Dog Name: _____

Intake # _____



FlatheadCounty
MONTANA



Flathead County Animal Shelter
225 Cemetery Road, Kalispell MT 59901

☎ (406) 752-1310 📠 (406) 752-1546

✉ fcas@flathead.mt.gov

Incoming Dog Profile

FCAS can only accept surrendered animals by appointment. Please call to set up an appointment prior to coming to the shelter.

Please complete this form completely to help us find the safest and most appropriate home for your dog. Undesirable behaviors and medical issues do not necessarily create problems in placement; however, NOT disclosing those problems does. Dishonest or incomplete answers can undermine the safety and happiness of both your dog and the new adopting family. If there is anything on this form that you are unclear about or that you are uncomfortable in answering for any reason, please call Flathead County Animal Shelter at (406) 752-1310.

Has your dog bitten any human or other animal in the last 10 days? _____

Has your dog ever bitten any human or other animal and broken skin? _____

Please bring vaccination records with you or have your veterinarian's office fax them ahead of time.

Date of Surrender: _____

NAME: _____ PHONE #: _____ ALT PHONE #: _____

PHYSICAL ADDRESS: _____ CITY/STATE: _____ ZIP: _____

MAILING ADDRESS: _____ CITY/STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

Dog Information

Dog Name: _____ Breed/Description: _____

Age: _____ Color: _____ Male Female Spayed/Neutered: _____

Where did you get this dog? Breeder This Shelter Born in Home Family/Friend

Other Organization (Name: _____ Phone Number: _____)

Is this dog microchipped? _____ How long have you had this dog? _____

Including yours, how many homes has this dog had? _____

Behavior and Training

Is this dog housebroken? Yes No In Training

If no, check all that apply:

Urinate in Home Daily Occasionally

Defecates in Home Daily Occasionally

Is this dog crate trained? Yes No

If yes, how long did he/she spend in the crate each day? _____

Is this dog destructive if left alone in the house? _____

If yes, check all that apply: Chews Furniture Chews Woodwork/Doors

Chews Clothing/Shoes Gets into Trash Chews Toys/Stuffed Animals

Other (please explain): _____

Is this dog protective or possessive over any of the following (resource guards)?

Toys Food Of His/Her Body Of Owner/Family

Other (please explain): _____

Behavior (check all that apply)

Attended Daycare Goes to the Dog Park Walks on a Leash Rides well in the Car

Has Formal Training Has Separation Anxiety Has been in a Dog Fight Enjoys Swimming

Shows fear or aggression towards strangers/new things _____

Prone to eating foreign objects _____

Prone to digging _____

Tries to escape _____

Other: _____

Describe this dog's play style with other dogs (check all that apply)

- Does not enjoy playing with other dogs Plays with all dogs Is Dog Selective
 Likes to chase Needs to be in charge Shares toys/plays quietly Barks Constantly
 Other (please explain) _____

Experiences with Children

Did this dog live with children in your home? Yes No

If yes, what ages? _____

Would you recommend this dog to live with children or in a home where children regularly visit? Yes No

Why/Why Not: _____

Home Life

Other Household Pets (please list)

Would you recommend placing this dog in a home with other dogs? Yes No

If no, please explain: _____

Would you recommend placing this dog in a home with cats? Yes No

If no, please explain: _____

Please explain how this dog was confined to your property while outside:

- Fenced Yard (height?) _____
 Electronic Pet Containment (type?) _____
 Kennel or Enclosure Dog House Other (explain) _____

Has this dog ever escaped its confinement? Yes No

If yes, please explain: _____

Health and Grooming

Did this dog receive routine veterinary care (at least once a year)? Yes No

Veterinarian Name/Clinic: _____

Health History: (check all that apply)

Ear Infections Food Allergies Skin Allergies Parasites (type?) _____

Eye Infections Bloat/Stomach Issues Kennel Cough Thyroid Disease Arthritis

Hip Dysplasia Chronic Infections Tumors Cancer Cataracts Seizures

Other Illness or Condition (explain) _____

Please explain any health conditions or concerns listed above: _____

Has this dog had any serious injuries or surgeries? Yes No

If yes, please explain: _____

Is this dog on any medications? If so, please list below:

Medication	Amount	Frequency

Does this dog allow you to clip his/her nails? Yes No

Does this dog like to be bathed? Yes No

Does this dog like to be brushed? Yes No

Is there a particular type/brand of food that this dog prefers? _____

Is this dog fed any table scraps/human food? Yes No

If yes, what kind and how often?: _____

Has this dog ever showed food aggression?: _____

Dog Surrender

Flathead County Animal Shelter charges a \$25.00 surrender fee per pet.

Please explain in detail why you wish to surrender your dog to Flathead County Animal Shelter:

You agree that you, your spouse, and/or any co-owner of the dog described on this form are irrevocably transferring and relinquishing to Flathead County Animal Shelter legal ownership of said dog on the date of surrender/acceptance. This gives Flathead County Animal Shelter complete authority to take whatever actions in our sole judgement are necessary and in the best interest of the dog.

Signature of Owner

Date

Print Name