



**BOSTON TERRIER  
RESCUE CANADA**

# BOSTON TERRIER RESCUE CANADA

## Intake Information Form

Date: \_\_\_\_\_

How did you hear of Boston Terrier Rescue Canada (BTRC)? \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Best Number to Call? \_\_\_\_\_ Best Time to Call? \_\_\_\_\_

**Completion of this form DOES NOT guarantee that Boston Terrier Rescue Canada will be able to take your dog. As a volunteer foster-based rescue, the decision to accept your dog into our rescue program must be based on foster availability and suitability. You may be asked to make a financial donation to assist in your dog's care while in rescue.**

**Answers from the following questions pertaining to the Boston Terrier you wish to surrender will be extremely helpful, and allow BTRC to:**

1. place the dog in a suitable/compatible environment and make informed decisions about their care;
2. help make the dog's transition to a new home as smooth and as stress-free as possible;
3. give new/prospective adopters a complete history of the dog.

**Please feel free to add ANY additional information that would be helpful for the well-being of the dog while in foster care and when adopted to a new permanent home. Be truthful and honest when answering all questions.**

Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Purebred  Mixed

Date of Birth (if known): \_\_\_\_\_ Male  Female  Weight: \_\_\_\_\_

Colour: \_\_\_\_\_ Neutered/Spayed: Yes  No  Unsure

1. How long have you had this dog and where did you acquire them? \_\_\_\_\_

2. What type of food is this dog eating? How much and how often is the dog fed? \_\_\_\_\_

3. What type of treats does this dog receive? Favourite treats? \_\_\_\_\_

4. Any known food allergies or foods that do not agree with this dog? \_\_\_\_\_

5. Does the dog know basic commands? Please list the words/terms the dog responds to and understands (basic commands such as "sit" or "walk" as well as any type of tricks like "roll over" or "speak") including what term or sound you use to convey "NO".

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6. Has the dog had any formal obedience training? If yes, with whom or what type (i.e. clicker training, Barkbusters, etc.)

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7. How did you correct or attempt to correct any undesirable behavior?

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8. Where does this dog spend the majority of its time? Indoors (if so, where) outdoors (if so, where).

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9. Where does this dog sleep? Is this dog allowed on furniture?

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10. How many hours is this dog used to being left alone? Do they have access to the entire house when alone?

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11. Does this dog suffer separation anxiety when left alone? If yes, explain what the dog does in exhibiting this behavior:

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12. Is this dog crate trained? Yes  No

13. Is this dog housebroken? Yes  No  How often is this dog let out/taken outside?

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14. How is this dog exercised?

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15. Does this dog walk well on leash? Yes  No

16. What type of toys does this dog enjoy/play with? Favourite toy?

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17. Is the dog tolerant of:

ears being cleaned	Yes <input type="checkbox"/> No <input type="checkbox"/>	grooming	Yes <input type="checkbox"/> No <input type="checkbox"/>
nails being trimmed	Yes <input type="checkbox"/> No <input type="checkbox"/>	being picked up/ restrained	Yes <input type="checkbox"/> No <input type="checkbox"/>
a bath	Yes <input type="checkbox"/> No <input type="checkbox"/>		

18. Is there anywhere this dog doesn't like to be touched?

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19. Does the dog enjoy car rides? Does the dog get motion/car sick?

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20. Does this dog have any behavioral "quirks" that we should be aware of? (i.e. hand shy, easily startled, frightened of stairs, etc.)?

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21. Please list any "bad habits" the dog has (i.e. chews destructively, digs, barks excessively, runs away, etc.)

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22. Please note anything/one the dog has shown to be fearful of and briefly describe the situation (for example, loud noises, thunder, certain people, the veterinarian, certain objects (broom), etc.)

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23. Has this dog ever exhibited any aggressive behaviours to people or other animals? Please describe fully:

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Has this dog ever bitten anyone? Yes  No

Has this dog ever bitten anyone or any other animal in the last 10 days? Yes  No

Has this dog ever been reported to the Board of Health? Yes  No

24. Has this dog ever lived with small children? If yes, how did they behave with the children and what were the childrens' ages?

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25. Was this dog an "only" dog, or part of a multiple dog household? If there were other dogs in the home, please list the breed, age and gender of each, and if they were spayed or neutered.

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26. Has this dog lived successfully with cats?      Yes       No

27. Is this dog up-to-date on shots?      Yes       No

28. Was this dog heartworm tested and put on heartworm preventative in season? Please provide brand of preventative and date given:

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29. Please outline any medical condition(s) we should be aware of, noting if the dog has ever been injured, suffered a serious illness, or has a chronic medical condition and any medication they are taking:

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30. What is the name and contact info for this dog's vet and/or previous vets?

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Note that do we require a medical history for this dog before they can enter our rescue program. Please contact your vet(s) to give permission for these records to be released to BTRC, and have the complete medical history faxed to rescue at toll free fax number 855-287-7817 or emailed to [intakes@bostonterrierrescuecanada.com](mailto:intakes@bostonterrierrescuecanada.com).

31. Why are you surrendering this dog to rescue?

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