



P.O Box 51554, Pacific Grove, CA 93950
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(831) 718-9122
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www.peaceofminddogrescue.org

Dog Intake Form

Turn in date: Received by: Fee:

Information provided by:

Name Home Phone

Address

Email Address City State Zip

Reason for turn in

Are you the legal owner of the dog? Yes No If not, do you have authority to surrender this dog? Explain:

I hereby waive all current and future rights and interests in below described animal(s) and turn over control to Peace of Mind Dog Rescue. I understand that the future placement of said dog(s) is strictly confidential. I have read and understand this agreement.

Signed Date

Description:

Approximate age: Sex: Male Female

Breed(s): Size:

Dog's Name: Altered? Yes No

Description (fur length/type coat/colors/ears/tail):

Personality:

Compatibility w/ Dogs: Good Fair Poor Unknown Depends on:
Compatibility w/ Cats: Good Fair Poor Unknown Depends on:
Compatibility w/ Children: Good Fair Poor Unknown Depends on:

Has the animal shown aggressive tendencies? Please explain

Has this dog bitten anyone? Please explain

Health Information:

Diet: Allergies:

Past Injuries or Illnesses:

Medications needed:

Vaccinations: DHLPP(C) Rabies Bordatella

Veterinarian: Phone Number:

Microchip # and company name

Anything else you would like us to know about this dog: