

**MEMPHIS AREA GOLDEN RETRIEVER RESCUE  
INTAKE PROFILE**

**TO BE COMPLETED BY OWNERS:**

Dog's Name \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

When did you acquire this dog? \_\_\_\_\_ Age of dog at the time \_\_\_\_\_

Description of dog (color, weight) \_\_\_\_\_

Micro-chipped? Yes \_\_\_\_\_ No \_\_\_\_\_ Type: \_\_\_\_\_ Number: \_\_\_\_\_

Where did you acquire this dog? Pet store \_\_\_\_\_ Stray \_\_\_\_\_ Private Adoption \_\_\_\_\_

Breeder/Shelter/Previous Owner's Name & Address \_\_\_\_\_

Has the dog ever been treated for Ear infections? \_\_\_\_\_ Hot spots/skin problems? \_\_\_\_\_ Allergies? \_\_\_\_\_

Any other problems? \_\_\_\_\_

What brand of dog food? \_\_\_\_\_ Once Twice Daily (circle) What time? \_\_\_\_\_

How much each feeding? \_\_\_\_\_

Where does the dog sleep? \_\_\_\_\_

Live during the day? \_\_\_\_\_

What commands does he know? \_\_\_\_\_

Has the dog ever growled at or bitten anyone? \_\_\_\_\_ If the answer to this question is "yes", has the bite occurred within the past 10 days? \_\_\_\_\_ Please explain: \_\_\_\_\_

What does the dog like? \_\_\_\_\_

Dislike? \_\_\_\_\_

What are his best points? \_\_\_\_\_

Worst points? \_\_\_\_\_

List any other information that might be helpful for placement or for the new owners: \_\_\_\_\_

Why are you surrendering this dog? \_\_\_\_\_

Does/Is your dog ?	<b>**CIRCLE IF YES**</b>	Like to ride in cars	Good with cats	
Afraid of storms	Let you take toys away	Like to swim	Good with other dogs	
Used to children	What ages? _____	Chase cars	Jump Fences	Used to being groomed
Good with children	Urinate when scared	Housebroken	Used to being walked	
Come when called	Dig	Crate trained	Obedience trained	Growl at strangers

Call 901-755-5607 or email [rescuegold@magrr.org](mailto:rescuegold@magrr.org) and arrange to bring this form with you.  
In the meantime please email a picture of your Golden to [rescuegold@magrr.org](mailto:rescuegold@magrr.org)