



Central Wisconsin Vizsla Club Vizsla Breed Rescue – Foster Care Observations

INSTRUCTIONS: Please complete as much information as possible at the time you cease foster care for the below named rescue dog. The purpose of the Foster Care Observation Report is to validate, clarify and/or correct the information received at the time the rescue dog was surrendered to CWVC.

Date that this dog was placed in your care: ____/____/____

Today's Date: ____/____/____ Duration of Foster Care: _____

Dog Information

Dog's Call Name: _____ Formerly Known As (if applicable): _____

Dog's Registered Name (if applicable): _____ Registration #: _____

Gender: MALE FEMALE

Dog's Birth Date (estimate, if necessary): ____/____/____

Where was this dog originally obtained prior to surrender? [select one]

PET STORE BREEDER SHELTER OTHER: _____

If available, please provide contact information for this source:

Name: _____

Address: _____

City / State: _____

Phone: _____

Is this dog Spayed / Neutered? YES NO If YES, is there proof? YES NO
[applicable to female dogs only -- attach **certificate of spaying** if available]

Does this dog have a Microchip and/or Tattoo for ID purposes? YES NO

If YES, list those ID numbers here:

Microchip#: _____ Manufacturer by: _____

Tattoo#: _____ Registered with: _____

Is this dog housetrained? YES, EXCELLENT GOOD FAIR NOT HOUSED TRAINED

If NOT, do we know why this dog hasn't been successfully housetrained? [please provide a brief explanation]

Is this dog crate trained? YES NO

Veterinary / Health Information

Who is this dog's current Veterinarian?

Name: _____

Clinic: _____

Address: _____

City, State and Zip: _____

Phone: _____

Date of last visit to Vet? ____/____/____

Immunization Record:

[attach complete immunization / vet records, if available]

Rabies: YES NO Expires: _____

DHLLP: YES NO Expires: _____

Bordetella: YES NO Expires: _____

Lyme: YES NO Expires: _____

Other (describe and give any expiration dates):

Is this dog on heartworm preventative? YES NO

If YES, What kind? _____

Date of last treatment: ____/____/____

Does this dog have any known physical problems or allergies? YES NO

If YES, please describe:

Does this dog have fleas? YES NO

Dog History

Has this dog ever run away? YES NO

Has this dog ever bitten or nipped anyone? YES NO

If YES, please describe in detail:

What family members is this dog accustomed to? [select all that apply]

Men Women Infants Toddlers Children 2 – 6 Years

Children 6 – 12 Years Teenagers Extended Family Cats Other Dogs

Other: _____

How does this dog react to:

Other dogs: _____

Cats: _____

Children: _____

Infants: _____

Strangers: _____

Walking on leash: _____

Being alone in a fenced yard: _____

Being alone in the house: _____

Riding in the car: _____

Being alone in the car: _____

Being groomed: _____

Having its nails clipped: _____

Being unhappy: _____

Being afraid: _____

What does this dog:

Like the best: _____

Like the least: _____

Fear: _____

Where is this dog accustomed to spending:

Its days: _____

Its nights: _____

Its weekends: _____

Dog Food and Feeding:

What brand of dog food does this dog eat? _____

How much do you feed at each meal? _____

How many times a day is the dog fed? _____

How would you describe the dog's overall temperament? FRIENDLY SHY PROTECTIVE

Has this dog been through any obedience training? YES NO

If YES, who was the trainer? _____

What type of training did the dog receive? [select all that apply]

Basic Obedience Intermediate Obedience Other: _____

What commands or 'tricks' does this dog know and understand? [select all that apply]

No Come Sit Down Heel Retrieve / Fetch
Off Kennel / Crate Wait Other: _____

How would you characterize this dog? OBEDIENT DISOBEDIENT

If DISOBEDIENT, please describe why you think so: _____

What behavioral problems, if any, has this dog exhibited? [select all that apply]

- | | |
|----------------------|---------------------------------|
| Escape Artist | Chewing |
| Chases Cars | Digging |
| Chases Cats | Aggression |
| Torments Livestock | House Soiling |
| Excessive Howling | Counter-surfing |
| Excessive Barking | Separation and/or Storm Anxiety |
| Jumping up on people | Other |

Ideal Home

Please describe, in detail, what you believe is the IDEAL home for this dog: _____

Please list anything else you believe is important to tell us about this dog: _____

Foster Home Information

I certify that the information provided herein is complete and accurate to the best of my knowledge.

X _____
Signature

Name of Foster Care Provider (printed): _____

Address: _____

City, State, Zip/Postal Code: _____

Phone: (_____) _____ - _____

E-Mail: _____