



Central Wisconsin Vizsla Club Rescue Evaluation Form

DOG'S CALL NAME _____ SEX _____
EVALUATION COMPLETED BY: _____ DATE: _____
FORMER OWNER: _____ FOSTER CARE GIVER: _____ OTHER: _____
DATES IN FOSTER CARE: FROM _____ TO _____
APPROXIMATE AGE OF DOG _____ REGISTRATION PAPERS? _____
SPAYED OR NEUTERED: _____

CHECK ALL THAT APPLY:

Housebroken Cratetrained Gets on furniture Chases cars/bikes
Walks on Leash Rides well in cars Jumps on people Digs Chews
Barks/Howls Excessively Knows Sit Knows Down Knows Heel
Knows Stay Knows Come

THIS DOG IS OK WITH: Men Women

Children (Ages _____) Other Dogs: Male Female Cats

DESCRIBE THIS DOG: Shy Friendly Playful Active

Quiet Obedient Easygoing Outgoing Protective

One Person Pet Other: _____

FEARS: Gunfire New people Children Storms

Vacuum Cleaner Meter Reader Other: _____

DOG'S FAVORITE TOYS OR GAMES: _____

NORMAL EXERCISE PATTERN: _____

NATURAL HUNTING ABILITY: _____

HAS THIS DOG EVER BITTEN: _____ IF YES, EXPLAIN IN DETAIL BELOW OR ON BACK

OTHER COMMENTS: _____
