



Central Wisconsin Vizsla Club Vizsla Breed Rescue – Dog Surrender Questionnaire

Please use TAB key to move between fields if filling in online.

Date: _____
Your name: _____
Address: _____
Phone number: _____
Email address: _____

Dog's name: _____
Gender: Male Female Neutered or Spayed and date of surgery: _____
Age or Birthdate: _____
Breeder: _____

AKC Papers: Yes No
 Tattoo or Microchip:
Housebroken? Yes No
Crate trained? Yes No
Crate overnight? Yes No
If not – where does the dog sleep? _____
Crate when left alone during the day? Yes No
If not crated – where is the dog kept while alone in the house? _____

Hours left home alone per week: _____
Allowed on furniture? _____
Where does your dog go when you are on vacation? _____

Type and amount of exercise required daily: _____
 Leash trained? _____
 Reliable off leash? _____
 Reliable in fenced yard? _____

How does your dog react to:
Men _____
Women _____
Children <5 yrs. old? _____
Children 5-12 yrs.old? _____
Children > 12 yr. old? _____
Dogs? _____
Cats? _____
Strangers? _____
Loud noises? _____
Vacuum cleaners? _____
Gun shots? _____
Being in the car? _____
Doorbell ringing? _____
Grooming? _____
Nail Trimming? _____



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Any bad traits:

- Barking? _____
- Whining? _____
- Digging? _____
- Marking? _____
- Chewing? _____
- Mouthing? _____

How would you describe your dog's general temperament?

Has your dog every bitten a person? Yes No

If yes, please describe: _____

If yes, did you seek medical care? _____

If yes, did you seek the evaluation of a trainer/behaviorist? _____

Brand of food: _____

Number of meals and quantity of food per day: _____

Types of toys your dog likes (bones, plush, games, fetch, etc.): _____

Veterinarian, address, and phone number: _____

Date of last vet visit: _____

List of last vaccinations and dates of when received: _____

Physical markings of the dog: _____

Any physical problems of the dog? _____

Medication list (including heartworm/flea and tick): _____

Allergies: _____

List any trainers/behaviorist used, address, phone number: _____

List any training classes the dog attended: _____

List any commands that the dog knows: _____

Why are you surrendering your dog? _____

What type of home do you think would be ideal for your dog? _____

Mail, fax or e-mail completed questionnaire to:

Donna Nisleit • 5075 Birchwood Ln • West Bend, WI 53095

Phone (262) 613-3010 • Fax (262) 675-0391 • WiVizslaRescue@gmail.com