



# Central Wisconsin Vizsla Club Vizsla Breed Rescue – Dog Surrender Questionnaire

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

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

    Crated overnight?  Yes  No

        If not – where does the dog sleep? \_\_\_\_\_

    Crated 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 ever 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](mailto:WiVizslaRescue@gmail.com)