



**FLORIDA DOBERMAN RESCUE, INC.**  
455 STATE ROAD 13 N. SUITE 26-455  
JACKSONVILLE, FLORIDA 32256  
(904) 287-8516  
<http://fldobermanrescue.bizland.com>

## **TURN-IN AGREEMENT**

Owners Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Dog's Name \_\_\_\_\_ Age \_\_\_\_\_

Birth Date (if known) \_\_\_\_\_ Color \_\_\_\_\_

AKC registered?      Yes                  No                  Reg No. \_\_\_\_\_

### **DOG BEHAVIOR:**

1. Is s/he housebroken? \_\_\_\_\_ What signal is given when s/he wants to go out? \_\_\_\_\_

2. Is s/he crate trained?      Yes                  No                  Not Known

3. Likes children?              Yes                  No                  Not Known

4. Prefers to be with?      Men                  Women                  Children                  Dogs

5. Likes:      Dogs                  Men                  Women                  Children                  Cats                  Other: \_\_\_\_\_

6. Afraid of:      Dogs                  Kids                  Men                  Women                  Other: \_\_\_\_\_

7. Was s/he kept in an apartment or fenced yard?      Apt.                  Yard                  Fence height \_\_\_\_\_

8. What food is s/he eating? \_\_\_\_\_ How many times per day? \_\_\_\_\_

9. Does s/he growl or bite when taking toys or food away?      Yes                  No  
If yes, please explain? \_\_\_\_\_

10. Any Bad Habits? (fence jumping, marking indoors, barking, chasing cars, chewing, chasing cats, aggressiveness towards animals or people, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Has this dog ever been picked up by animal control?      Yes                  No                  Not Known

12. **Has dog ever bitten anyone?**                                  Yes                  No  
If yes, give circumstances: \_\_\_\_\_  
\_\_\_\_\_

13. Reason(s) for giving up this dog: \_\_\_\_\_  
\_\_\_\_\_

14. List the special things dog enjoys: \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION:**

Veterinarian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Is s/he spayed or neutered?                      Yes                      No

Has s/he ever been used for breeding?      Yes                      No                      Not Known

Is s/he on any medication?                      Yes                      No

If, yes describe: \_\_\_\_\_

\_\_\_\_\_

Does s/he have any medical problems such as heart murmurs, cataracts, lameness, joint conditions or other?                      Yes                      No                      Not Known

If, yes describe: \_\_\_\_\_

\_\_\_\_\_

Please circle below:

Tail                      Docked                      Natural

Ears                      Cropped                      Natural

Dew Claws              Removed                      Natural

**MEDICAL DATA DATES: (from vet office)**

SHOTS GIVEN DATES DPTH \_\_\_\_\_

Last heartworm check (date) \_\_\_\_\_ Result \_\_\_\_\_

Preventative being given (Name) \_\_\_\_\_

Worm check (date) \_\_\_\_\_ Result \_\_\_\_\_

Treatment (if any) \_\_\_\_\_

Been checked for hip dysphasia Y/N \_\_\_\_\_ Result \_\_\_\_\_

I HEREBY RENOUNCE ANY AND ALL CLAIM TO THE DESCRIBED DOG. IT IS MY UNDERSTANDING THAT FLORIDA DOBERMAN RESCUE WILL DO WHAT IS BEST FOR THIS DOG. WITH THIS INSTRUMENT THE DOG BECOMES THE PROPERTY OF FLORIDA DOBERMAN RESCUE.

Signed \_\_\_\_\_

Date \_\_\_\_\_

FDR, INC. Officer \_\_\_\_\_

Donation to FDR \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_