**LCGB WELFARE**

**DETAILS OF LEONBERGER**

**FILE REF NO:**  **DATE & TIME**:-

OWNERS NAME:-

ADDRESS:-

CONTACT NUMBER:-

PET NAME............................................REGISTERED NAME..............................................

SEX........................................................DOB........................................................................

MICROCHIPPED.......................Y/N..............NUMBER........................................................

NAME OF BREEDER (if known)............................................................................................

IS THE BREEDER AWARE OF NEED TO REHOME?........................................................

CONTACT DETAILS OF CURRENT VET............................................................................

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REASON FOR REHOME.....................................................................................................

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**HISTORY OF DOG**

HOW LONG HAVE YOU OWNED THE DOG?....................................................................

WHERE DOES THE DOG SPEND MOST OF HIS TIME.?.................................................

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DOES THE DOG LIVE WITH CHILDREN?.........................................................................

DOES THE DOG LIVE WITH OTHER ANIMALS?.............................................................

WHAT DOES THE DOG EAT?..........................................................................................

HOW OFTEN IS THE DOG FED?.....................................................................................

HOW OFTEN IS THE DOG USUALLY EXERCISED?......................................................

MEDICAL HISTORY

NEUTERED?......................Y/N................WHEN?............................................................

INNOCULATED? ...............Y/N...............VACCINATION CARD INCLUDED?..........Y/N

WORMED?.........................Y/N............... DATE LAST WORMED?..................................

FLEA TREATMENT?............Y/N...............DATE LAST TREATED?.................................

REGULAR MEDICATION?...Y/N...............DETAILS..........................................................

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ANY OTHER HEALTH ISSUES?..........................................................................................

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**TRAINING AND TEMPERAMENT**

DOES THE DOG KNOW BASIC COMMANDS ? sit, stay, down ....................Y/N

DOES THE DOG WALK TO HEEL...................................................................Y/N

DOES THE DOG RECALL?..............................................................................Y/N

DOES THE DOG WALK ON A COLLAR AND LEAD?......................................Y/N

What sort of collar? ............................................................

IS THE DOG HOUSETRAINED?......................................................................Y/N

IS THE DOG SOCIABLE WITH STRANGERS?...............................................Y/N

IS THE DOG SOCIABLE WITH OTHER DOGS?.............................................Y/N

IS THE DOG SOCIABLE WITH OTHER SMALL MAMMALS eg CATS?..............Y/N

HAS THE DOG EVER COME INTO CONTACT WITH LIVESTOCK?...................Y/N

DOES THE DOG HAVE SEPARATION ANXIETY?...............................................Y/N

DOES THE DOG HAVE ANY UNSOCIABLE HABITS?.........................................Y/N

DOES THE DOG HAVE ANY PHOBIAS?..............................................................Y/N

**ADDITIONAL INFORMATION**

IS THERE ANYTHING ELSE THAT YOU CAN TELL US ABOUT THE DOG THAT WILL HELP WITH THE REHOME PROCESS? THE MORE INFORMATION WE ARE PROVIDED WITH WE CAN MATCH YOUR DOG UP WITH A SUITABLE HOME.

SIGNED........................................................................DATE..............................................

COMPLETED FORM TO BE RETURNED TO: