



Seattle Pug Rescue

PMB #162
5806A 119th Ave SE
Bellevue, WA 98006

www.seattlepugs.com

Attn: rescue@seattlepugs.com

Dog Transfer Checklist

Dog's name: _____

Name of Veterinarian/Clinic: _____

Known medical conditions: _____

Feeding Info

Type of food _____

Schedule (once/day, twice/day, free-feeds) _____

Amount at each feeding _____

Favorite treats _____

Routine

Favorite toys/games _____

Where does the dog typically stay when owner is not home (crate, loose in house, confined to one area)?

Where does the dog like to sleep? _____

Does the dog like to be held? _____

Groomed? _____

Petted? _____

Any special spots the dog really likes to be touched (back scratched, ears rubbed)?

Is there anywhere the dog does not like to be touched? _____

Does the dog like children? _____

Other dogs? _____

Cats? _____

Dog Transfer Checklist (continued)

(continued)

Training

Housebroken: ___Yes ___No

Crate trained: ___Yes ___No

Knows how to use doggie door: ___Yes ___No

Will indicate if he/she needs to go out: ___Yes ___No

If so, how: _____

Preferences (puppy pads, goes out/walked after meals): _____

Commands the dog has been trained to obey (e.g. "down," "stay") _____
