



Connecticut Valley Vizsla Club

Rescue Intake Form

Name: _____ Home Phone: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip code: _____

Name, address and phone # of veterinarian: _____

Gender of dog: _____ Is the dog spayed/neutered: _____

Reason for placing your dog in our rescue program: _____

Explain fully any behavioral/health problems the dog has exhibited: _____

Has this do bitten or attempted to bite ANY person EVER? _____ Please explain the situation:

Breeder's info (if known) _____

Have you contacted him/her? _____

If not from a breeder where did you obtain this dog: _____

How old is the dog: _____ How long have had this dog: _____

Describe the dog's behavior around other animals: _____

Describe his/her behavior around children, strangers: _____
