



SOFT COATED WHEATEN TERRIER RESCUE OF SOUTHERN CALIFORNIA SURRENDER APPLICATION

The information requested here will help the Soft Coated Wheaten Terrier Rescue Club of Southern California understand the needs of your Wheaten Terrier, and aid us in seeking and selecting the best possible permanent home for the dog. Please fill out the Surrender Application as accurately and thoroughly as possible.

Current owner(s)

Call name of my Wheaten

AKC registered name

AKC number _____

DOB _____/_____/_____ Age _____ Spayed/Neutered _____
(yes or no)

Microchip brand _____ and number

Why are you surrendering your Wheaten?

If so, please explain

Please tell us about his/her general temperament including, but not limited to, problems with men, women, and children. What other important information would help us in placing your Wheaten?

Does this Wheaten have any health issues?

If so, what medications are used, what dosage, and frequency?

Your Wheaten's health records, including the vaccination record, must be given to us (SCWTRSC a 501c3 corporation) at or before the time of surrendering the dog; your veterinarian can e-mail or send a copy to the Rescue Coordinator named below. That record should include the use of any heartworm/flea medicines

given by your vet. If not and/or you give your own flea medicine, please include the brand and approximate date of the last application.

(Brand name) _____

Date _____

Veterinarian name:

Address: _____ City

_____ St _____ Zip _____

Phone: _____

What brand food does the dog eat?

Amount fed per meal? _____ Number of feedings p/day?

Did your Wheaten come from a shelter or from a Breeder?

Is your dog comfortable being groomed by you, and by your groomer?

Is the dog house trained? _____ Leash trained? Rides in a car w/o issue?

_____ Had obedience training? _____

Is your dog comfortable using a crate? _____

Wheatens are known for greeting people by jumping up in the air, or on people. Is the dog jumping a problem?

Any other problems like barking in excess, or digging?

Where does the dog spend the day? _____

Where does the dog sleep? _____

To the best of my knowledge all information provided is accurate.

Relinquishing owner(s) name(s)

Address _____ City

_____ St _____ Zip _____

E-mail _____

Home Phone _____

Bus. Phone _____ Cell

Signature Owner

_____ Date

Signature Co-owner

_____ Date

A donation to help defray the costs involved in placing the dog would be greatly appreciated. Please make check payable to SCWTRSC. A501c3 corporation.

Please send/give this surrender application to:

Bonney Snyder

80818 Avenida Manzanillo,

Indio, CA 92203

bonwheat@aol.com

310-710-8408