



**SOFT COATED WHEATEN TERRIER RESCUE OF
SOUTHERN CALIFORNIA
SURRENDER APPLICATION**

The information requested here will help the Soft Coated Wheaten Terrier Rescue of Southern California understand the needs of your Wheaten Terrier and will aid us in seeking and selecting the best possible permanent home for the dog.

Please provide accurate and detailed information below.

Current Owner (s) _____

Dog's Name _____

AKC Registered Name (if registered with AKC or UKC) _____

AKC Number _____

DOB ____/____/____ Age ____ Sex ____ Spayed/Neutered ____

Microchip Brand _____ and number _____

Why are you surrendering your Wheaten? (Please check all that apply)

Temperment

Anxiety Issues _____

Fearful of: Men ____ Women ____ Children ____
 Teens ____ Strangers ____ Other Dogs ____

Aggressive
Toward: Men ____ Women ____ Children ____
 Teens ____ Strangers ____ Other Dogs ____

Bitten: Men ____ Women ____ Children ____
 Teens ____ Strangers ____ Other Dogs ____

Behavioral

Excessive Jumping _____ Excessive Barking _____ Digging _____
House Soiling _____ Leash Pulling _____

Has your dog had any obedience training? _____

Is your dog comfortable:
During grooming? _____
Riding in a car? _____
In a crate? _____

Health History

Veterinarian Name _____
Address _____
City _____ State _____ Zip _____
Phone _____

Current Health Concerns _____

Medications:	Dosage:	Frequency:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Past Health Concerns _____

Vaccinations and other meds:	Date Administered:
Rabies	_____
Bordetella	_____
Da2pp	_____
Canine Influenza	_____
Flea Treatment Brand _____	_____
Heart worm Brand _____	_____

Vaccination (including heart worm and flea medicines) and Health Records must be received by (SCWTRSC a 501c3 corporation) at or before the time of surrender.

Please have your veterinarian email or send copies to the rescue coordinator.

Home Life History

Where did you get your Wheaten? (Please provide name (s) if known)

Shelter _____ Pet Store _____
Rescue _____ Breeder _____

Where does your Wheaten spend the day?

Where does your Wheaten sleep?

What brand of food does your Wheaten eat?

Serving size _____ Feedings per day _____

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

Relinquishing Owner(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Business Phone _____ Email _____

Signature Owner _____

Date _____

Signature Co-Owner _____

Date _____

Please send / give this Surrender Application To:

Bonney Snyder
80818 Avenida Manzanillo
Indio, CA. 92203

Email bonwheat@aol.com
310 710-8408

We appreciate a tax deductible donation of \$150 to help defray the costs involved in placing the dog. Please make your check payable to:

SCWTRSC (A 501c3 Corporation)