



## Shih Tzu Rescue of Minnesota

STRMN is an all volunteer organization whose mission is to Rescue, Rehabilitate, and Re-Home abused, abandoned, and neglected Shih Tzu and Shih Tzu Mixes. STRMN is a 501c3 charitable, non profit organization which means your donations may be tax deductible. 100% of donations go toward the care and comfort of our rescued dogs. Like all ethical rescue, our dogs are neutered or spayed, and come to their forever home completely vetted, including routine vaccinations.

### Dog Information Record

To be used for Records, Adopters, Foster Parents

Name of the Dog \_\_\_\_\_

Date dog came into STRMN rescue \_\_\_\_\_

Gender \_\_\_\_\_

Breed/Mixture of Breeds \_\_\_\_\_

Age, and Date of Birth if known \_\_\_\_\_

Weight \_\_\_\_\_

Color and markings \_\_\_\_\_

Housetrained \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ working on it

How did this dog come into rescue? \_\_\_\_\_ Shelter \_\_\_\_\_ Owner Turn-In \_\_\_\_\_ Puppy Mill \_\_\_\_\_ Other

City and State of origin if known \_\_\_\_\_

Is there anything significant regarding how this dog came into rescue?

#### **Can this dog live positively, happily, and virtually stress-free with:**

Children \_\_\_\_\_yes \_\_\_\_\_ No

Other Dogs \_\_\_\_\_yes \_\_\_\_\_ No

Cats \_\_\_\_\_ Yes \_\_\_\_\_ No

Other animals \_\_\_\_\_Yes \_\_\_\_\_ No specify the animals

\_\_\_\_\_This dog should be an only pet

#### **Personality**

Briefly describe the dog's personality:

**Behavior Triggers**

Are there any behavior triggers or special fears the adoptive home should be aware of?

**Ideal Home**

Briefly describe the ideal home for this dog:

**Food**

Brand of food the dog is used to eating \_\_\_\_\_

How often does the dog eat \_\_\_\_\_

Treats the dog enjoys \_\_\_\_\_

Concerns, issues, or other information regarding this dog’s diet or the feeding of this dog:

**Play and Exercise**

Particular Toys this dog enjoys: \_\_\_\_\_

Method of exercise this dog enjoys \_\_\_\_\_

If this means of exercise is part of his routine (like walking), how often is he exercised in this way

**Sleep**

At night this dog is used to sleeping:

\_\_\_\_\_ with the foster parents      \_\_\_\_\_ In his own dog bed in the bedroom

\_\_\_\_\_ in a Crate in the bedroom      \_\_\_\_\_ Other (please explain)

**Housetraining and Potty Habits**

What method of house training is being used:

How does the dog indicate he/she needs to go out?

What is the dog’s routine and habit for going potty:

**Additional comments about this dog’s characteristics, habits, routine:**

**Vetting Information:**

Veterinarian where care was given by STRMN:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of last rabies vaccination: \_\_\_\_\_ **Date next rabies vaccination due:** \_\_\_\_\_

Date of last DHPP vaccination: \_\_\_\_\_ **Date next DHPP vaccination due:** \_\_\_\_\_

Date of last heartworm test: \_\_\_\_\_

**Date when next heartworm medication is to be given (to be given same date monthly).** \_\_\_\_\_

Heartworm medication must be obtained from the veterinarian.

**Date when next Frontline flea/tick medication is to be applied (to be applied same date monthly April through October):** \_\_\_\_\_ Frontline can be purchased from the veterinarian or from PetCo or PetSmart. We strongly recommend Frontline because it has less harmful side effects than other brands.

Additional medications or health concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation of veterinarian in your area:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Recommendation of groomer in your area:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_