

**NATIONAL CESKY TERRIER CLUB OF AMERICA**

**Bob Jones - Rescue Coordinator**

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**REG. NAME OF DOG:** \_\_\_\_\_

**AKC / FSS REG #:** \_\_\_\_\_

**CESKY OWNER (S):** \_\_\_\_\_

(Please Print)

**Questions for Surrendering a Cesky Terrier to Rescue**

2006

**DOG & BREEDER INFORMATION (Please Print)**

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ SPAYED OR ALTERED? \_\_\_\_\_ PET CALL NAME: \_\_\_\_\_

SIRE: \_\_\_\_\_ DAM: \_\_\_\_\_

ANY OTHER REGISTRATIONS OR TITLES: \_\_\_\_\_

BREEDER/KENNEL: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

**CURRENT FAMILY LIFESTYLE INFORMATION (Please Print)**

NUMBER OF CHILDREN AND OTHER FAMILY MEMBERS IN HOME: \_\_\_\_\_ AGES: \_\_\_\_\_

NUMBER OF OTHER PETS IN HOME: \_\_\_\_\_ TYPES/BREEDS: \_\_\_\_\_

HOW LONG HAVE YOU OWNED THIS CT? \_\_\_\_\_ REASON FOR GIVING UP? \_\_\_\_\_

(Continue on separate sheet of paper if needed)

**GROOMING & HABITS (Please Print)**

IS THIS CT GROOMED BY A PROFESSIONAL GROOMER? \_\_\_\_\_ DATE OF LAST GROOMING: \_\_\_\_\_

GROOMER'S NAME & PHONE #: \_\_\_\_\_

REACTION TO GROOMING (Be Specific) \_\_\_\_\_

DOES CT NEED ANY CARES NOW? NAIL CARE \_\_\_\_\_ EAR CARE \_\_\_\_\_ DE-MATTING \_\_\_\_\_ BATHING \_\_\_\_\_ GROOMING \_\_\_\_\_

FOOD TYPE/BRAND: \_\_\_\_\_ FEEDING SCHEDULE: \_\_\_\_\_

ANY TREATS OR SUPPLEMENTS? \_\_\_\_\_

CRATE TRAINED? \_\_\_\_\_ HOUSEBROKEN? \_\_\_\_\_ IF YES, HOW LONG CAN CT BE LEFT? \_\_\_\_\_

PLEASE CHECK ALL THAT BEST DESCRIBE YOUR DOGS TEMPERAMENT:

SUBMISSIVE: \_\_\_\_\_ SHY: \_\_\_\_\_ AGGRESSIVE: \_\_\_\_\_ CONFIDENT: \_\_\_\_\_ DOMINATE: \_\_\_\_\_ EXCITABLE: \_\_\_\_\_ RESPONSIVE: \_\_\_\_\_

HARDHEADED: \_\_\_\_\_ HYPER: \_\_\_\_\_ PUPPYISH: \_\_\_\_\_ TIMID: \_\_\_\_\_ NERVOUS: \_\_\_\_\_ COOPERATIVE: \_\_\_\_\_ FRANTIC: \_\_\_\_\_

ANY UNUSUAL OR SPECIAL HABITS: \_\_\_\_\_

(Continue on separate sheet of paper if needed)

## Questions For Somebody Giving Up A Cesky Terrier

### MEDICAL RECORDS & HEALTH INFORMATION (Please Print)

NAME OF VETERINARIAN/ANIMAL HOSPITAL: \_\_\_\_\_

ADDRESS OF VETERINARIAN: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

HEARTWORM PREVENTATIVE? \_\_\_\_\_ TYPE & DOSAGE: \_\_\_\_\_

PLEASE LIST DATES THE FOLLOWING VACCINATIONS WERE LAST GIVEN (ATTACH COPIES OF RECORDS IF AVAILABLE):

RABIES VACCINE: \_\_\_\_\_ DHPP: \_\_\_\_\_ LEPTO: \_\_\_\_\_

BORDETELLA: \_\_\_\_\_ LYMES: \_\_\_\_\_ OTHER: \_\_\_\_\_

LIST ANY MEDICATION/TREATMENTS YOUR CESKY IS CURRENTLY ON: \_\_\_\_\_

LIST ANY PERTINENT MEDICAL HISTORY: \_\_\_\_\_

(Continue on separate sheet of paper if needed)

### RELEASE OF OWNERSHIP

I AGREE AND UNDERSTAND THAT I AM GIVING UP ALL RIGHTS OF POSSESSION AND OWNERSHIP OF THIS CESKY TERRIER AND THAT I WILL NOT BE ABLE TO REDEEM SAID CESKY AT ANY TIME. I AGREE AND UNDERSTAND THAT THIS CESKY IS NOW "SOLE PROPERTY OF THE NATIONAL CESKY TERRIER CLUB OF AMERICA RESCUE " I PROMISE THAT THE INFORMATION THAT I AM GIVING IS ACCURATE AND THAT THE NCTCA RESCUE WILL NOT BE HELD LIABLE OR CHARGEABLE FOR ANY FALSE INFORMATION AND ANY MISREPRESENTATIONS THAT I MAY HAVE SUBMITTED ON THIS FORM. I FURTHER AGREE AND UNDERSTAND THAT THE NCTCA RESCUE WILL HAVE THIS CESKY EVALUATED TO DETERMINE WHETHER OR NOT THE DOG BEING SURRENDERED WILL BE CONSIDERED "ADOPTABLE". THE RESCUERS CANNOT GUARANTEE PLACEMENT. I ALSO SIGN THIS GIVE UP AGREEMENT HONESTLY AND STATE TRUTHFULLY THAT THIS ANIMAL HAS NEVER BITTEN ANY HUMAN BEING.

OWNER(S) PRINTED NAME (1): \_\_\_\_\_

OWNER(S) PRINTED NAME (2): \_\_\_\_\_

OWNER(S) ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

OWNER(S) SIGNATURE: (1) \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER(S) SIGNATURE: (2) \_\_\_\_\_ DATE: \_\_\_\_\_