

Central Indiana Lab Rescue & Adoption, Inc.(CILRA)
PUREBRED IDENTIFICATION/ASSESSMENT



IMPORTANT: If you have any questions about this form or process, ask your CILRA contact prior to conducting the evaluation.

Date of ID: _____ by CILRA Volunteer: _____
Owner/Shelter Name: Jeannette Van City/State: Indianapolis, Indiana
Phone: 909-685-6052 E-mail: _____
Dog's Name: Delilah Current age: 4 months Color: black Male ☐ Female ☐
Reason for dog's surrender to CILRA or shelter: _____

Dog appears to be a purebred Labrador: YES _____ NO x _____ ⇒ IF NO, complete your evaluation but explain to the shelter or owner that CILRA is rarely able to accept Lab mixes into rescue. Provide them with any other adoption alternatives known (local shelters, other rescue groups, etc.).

The following information will help CILRA determine the best fostering environment for this Lab.
Use back of sheet if additional room is needed for comments; fax or mail both sheets.

VACCINATIONS/MEDICAL

Yes ☐ No ☐ Rabies Vaccination Date: _____
Yes ☐ No ☐ DHLPP (distemper, parvo, etc.) Date: _____
Yes ☐ No ☐ Bordatella (kennel cough) Date: _____
Yes ☐ No ☐ Heartworm test Date: _____
Result: Negative ☐ Positive ☐
Yes ☐ No ☐ Currently on heartworm prevention?
Brand/Type: _____
Yes ☐ No ☐ Medical records viewed to verify above
Yes ☐ No ☐ Neutered/Spayed Date: _____
Yes ☐ No ☐ Sustained any injuries? (describe; give dates) _____
Yes ☐ No ☐ Any visible lumps or scars? (describe) _____

Vet Clinic Name: _____
Address: _____
Phone: (_____) _____

Is dog currently taking any medication(s)? (describe) _____

List all medical concerns: _____

IS THE DOG COMFORTABLE WITH:

Bathing Yes ☐ No ☐ Unknown ☐
Nail clipping Yes ☐ No ☐ Unknown ☐
Being crated? Yes ☐ No ☐ Unknown ☐
Brushing/combing Yes ☐ No ☐ Unknown ☐
Riding in a car Yes ☐ No ☐ Unknown ☐

Is dog housebroken? Yes ☐ No ☐ Unknown ☐

Where is the dog kept during the day crate

Where is the dog kept at night crate

HISTORY/BEHAVIOR

Good with children Yes ☐ No ☐ Unknown ☐
(list children's ages: not aggressive)
Good with cats Yes ☐ No ☐ Unknown ☐
Good with other dogs Yes ☐ No ☐ Unknown ☐
Dominant around other dogs Yes ☐ No ☐ Unknown ☐
If known/applicable, describe any instances of aggression displayed by this dog toward people or other dogs _____

List any obedience commands known: go potty, working on sit, learning go into kennel

Retrieves Yes ☐ No ☐ Unknown ☐
Any fears (vacuums, storms, etc. - list all) no

Jumps fences Yes ☐ No ☐ Unknown ☐
Digs under fences Yes ☐ No ☐ Unknown ☐
Barks at people Yes ☐ No ☐ Unknown ☐
Chews household items Yes ☐ No ☐ Unknown ☐
Gets into the garbage Yes ☐ No ☐ Unknown ☐
Jumps up on people Yes ☐ No ☐
Mouthy (chews at hands while being petted) Yes ☐ No ☐
Pulls on a leash No ☐ A little ☐ A lot ☐

PERSONALITY ASSESSMENT BY CILRA VOLUNTEER

Friendly Yes ☐ No ☐ Playful Yes ☐ No ☐
Shy Yes ☐ No ☐ Afraid Yes ☐ No ☐
Hyper/very active Yes ☐ No ☐

Select one of the following:

☐ Dog seems more **dominant** than submissive (confident, stands erect, ears & tail up, makes & keeps eye contact) **OR**

☐ Dog seems more **submissive** than dominant (shy or possibly fearful, tail lowered or tucked, ears flat against head, may avoid eye contact or go "belly-up")

Did the dog growl, bark or show fear at any point during your evaluation? (describe) _____

Describe any behavioral or personality concerns _____

Describe the dog's general disposition/personality _____

Please fax, e-mail or phone this information to the CILRA Rep. who asked you to do this I.D.

(Keep the original form for your records)

Rev. 12/10