

Application to Submit a Sheltie

Please use this form in the event that you live in the state of Indiana and need to surrender a Sheltie to our group. Or you may contact Sue Moore (see Contact Us link) for more information.

Please provide the following Contact Information.

Your Full Name:

Street Address:

City/State/Zip:

Home Phone:

Work Phone:

Cell Phone:

E-Mail:

Please Answer the Following Questions.

Dog's Name: Date Acquired: Height of Dog:

Age of Dog: Sex of Dog: Weight of Dog:

Color of Dog: Housebroken?: Last Vet Visit:

Last Heartworm Test: Heartworm Test Result: Last Vaccines Date:

What Vaccines Were Given:

What Heartworm Preventative Was Used?:

Date Last Heartworm Preventative Given: Deadline for giving up this dog:

Are you this dog's legal owner: If not, who owns this dog:

Do you have permission to release this dog to our group: Does this dog have Registration Papers:

Where was this dog obtained:

Temperament of this dog:

Bite or Aggressive: If yes, what triggers the aggression:

Good with other dogs, animals, people, kids:

Are you able to transport the dog to us or a foster home: Where has dog been kept:

Best time to call you: Reason for giving up dog:

Other Comments:

YOUR VETERINARIAN INFORMATION

Vet's Name: Clinic Name:

Address:

City/State/Zip Phone:

Signature (Typing your name here constitutes a true and valid signature.):

**Please if mailing this form, mail it to:
Sheltie Rescue of Central Indiana
ATT: Current SRCI President
P. O. Box 199046
Indianapolis, IN 46219**